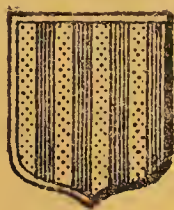


Public Health

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NORTHUMBERLAND COUNTY COUNCIL

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# ANNUAL REPORT

OF

THE COUNTY

MEDICAL OFFICER

OF HEALTH

FOR THE YEAR

**1949**

JOHN B. TILLEY, M.D., B.Hy., D.P.H., *County Medical Officer.*



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NORTHUMBERLAND COUNTY COUNCIL

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JOHN B. TILLEY, M.D., B.Hy., D.P.H., *County Medical Officer.*

## HEALTH COMMITTEE, 1949

---

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ALDERMAN N. GARROW.

### *Vice-Chairman.*

COUNCILLOR A. BRIGGS, O.B.E.

### *Aldermen.*

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BATES, DR. T. H.

ELLIOTT, MRS. L.

SLACK, W. RENTON B.

WILLIAMSON, MISS M. M., O.B.E.



## STAFF OF THE HEALTH DEPARTMENT

---

County Medical Officer and School				
Medical Officer	....	....	....	JOHN B. TILLEY, M.D., B.Hy., D.P.H.
Senior Assistant County Medical				
Officer	....	....	....	WILSON MINNS, M.B., B.S., B.Hy., D.P.H.
Maternity and Child Welfare Officer				
	....			JANET M. EDWARDS, M.B., Ch.B., D.P.H.
Deputy School Medical Officer				
	....			WILLIAM J. PIERCE, M.B., Ch.B., D.P.H.
Area Executive Medical Officers :—				
Central Area	....	....	....	CATHERINE B. MCGREGOR, M.B., Ch.B., D.P.H.
East Area	....	....	....	ALEXANDER DONALDSON, M.B., Ch.B., D.P.H. (Commenced 4th January, 1949).
South Area	....	....	....	MADGE HOPPER, M.B., B.S., B.Hy., D.P.H.
South East Area	....	....	....	WILLIAM CUNNINGHAM, M.B., Ch.B., D.P.H.
Wallsend Area	....	....	....	OSWALD H. SIUNG, B.Sc., M.B., Ch.B., D.P.H.
West Area	....	....	....	JOHN H. MAUGHAN, M.B., B.S., D.P.H.
Assistant County Medical Officer and				
Assistant School Medical Officer				MAUDE STEVENSON, M.B., B.Ch., B.A.O., (Commenced 15th February, 1949. Resigned 30th September, 1949).
Do.		Do.		MARGARET H. GRANT, M.B., B.S., (Commenced 5th December, 1949).
Assistant County Medical Officer				
(Child Welfare)	....	....	....	MARGARET F. FRASER, M.B., Ch.B., D.P.H.
Do.		Do.		CECILIA TAYLOR, M.B., Ch.B., D.C.H.
Do.		Do.		ANNE M. RITSON, M.B., Ch.B., (Resigned 30th June, 1949).
Do.		Do.		KATHLEEN DICK, M.B., B.S., B.Hy., D.P.H. (Resigned 19th Janu- ary, 1949).
Do.		Do.		MURIEL S. ALEXANDER, M.B., Ch.B., D.(Obstet.) R.C.O.C. (Com- menced 7th March, 1949).
Do.		Do.		JOAN M. JOHNSTON, M.B., B.S., (Com- menced 1st October, 1949).

## Staff of the Health Department—Continued

Assistant School Medical Officer	....	MARY W. DEWELL, M.B., B.S.
Do.	Do.	ANNA M. REID, M.B., Ch.B., D.P.H.
Do.	Do.	EDNA T. EVERDELL, M.B., B.S., B.Hy., D.P.H.,
Do.	Do.	WILLIAM W. BURNETT, M.B., Ch.B., M.R.C.S., L.R.C.P., D.C.H.
Do.	Do.	*ALFRED G. NEWELL, M.D., D.P.H. (Resigned 28th February, 1949).
Do.	Do.	ENID L. HUGHES, M.B., B.S., M.Sc., D.C.H.
Resident Medical Officer, Mona Taylor Maternity Home....	....	WILLIAM GIBSON, L.R.C.P., L.R.C.S., Edin.
Senior Dental Officer ....	....	ARNOLD E. ROBINSON, L.D.S.
Superintendent Health Visitor	....	ANN A. GRAHAM, S.R.N., S.C.M., H.V. Cert. R.S.I.
Deputy Superintendent Health Visitor ....	....	MAY FOTHERGILL, S.R.N., S.C.M., H.V. Cert. R.S.I.
Nursing Superintendent and Super- visor of Midwives ....	....	BARBARA MALLABURN, S.R.N., S.C.M.
Assistant Superintendent of Midwives		SARAH M. HART, S.R.N., S.C.M.
Do.		MURIEL RICHARDSON, S.R.N., S.C.M., (Resigned 19th September, 1949).
Do.		LILIAN LAPES, S.R.N., S.C.M. (Com- menced 13th December, 1949).
Almoner ....	....	ENID M. PATTINSON, A.M.I.A.
Senior Assistant Almoner ....	....	ELEANOR M. FOSTER, A.M.I.A., (Com- menced 1st February, 1949).
Assistant Almoner ....	....	DOREEN MAXWELL, A.M.I.A. (Re- signed 30th September, 1949).
Do.		MARY ROBSON, B.A., A.M.I.A. (Com- menced 5th December, 1949).
County Sanitary Officer ....	....	JAMES ATKINSON, M.R.San.I., M.I.Mun.E., M.S.I.A.
Do.		DOUGLAS LISTER, Cert. S.I.B., M.S.I.A., M.R.San.I.
Ambulance Officer ....	....	GEORGE D. DICKINSON
Supervisor of Blind Welfare ....	....	EILEEN METCALFE, Home Teacher's Certificate.
Home Help Organiser ....	....	ELSIE DAVISON
Chief Clerk ....	....	GEORGE W. SCOTT.

\* Part-time.

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TO THE CHAIRMAN AND MEMBERS OF THE NORTHUMBERLAND  
COUNTY COUNCIL.

Mr. Chairman, My Lords, Ladies and Gentlemen,

I have the honour to present the Annual Report for 1949, and I would draw attention to several points of great interest.

The infantile mortality rate, the still birth rate and the maternal mortality rate all reached lower levels than ever recorded before in the County. The death rate from tuberculosis fell to the lowest level recorded during this century. For the second year there was no death from diphtheria, and fewer deaths were caused by measles and whooping cough than ever before. These new low records reflect the success of all those engaged in the care of mothers and children. The advances in all fields connected with maternity and child health have improved the outlook in recent years almost beyond recognition, and there is reason to hope that progress will go further yet.

In the field of tuberculosis, the declining death rate does not seem accurately to reflect as yet the amount of illness and incapacity caused by the disease, as an increase was again recorded in the number of new cases coming to light during the year. There is every reason to hope that the advances in the treatment of pulmonary tuberculosis will ultimately reduce the incidence as well as the mortality from this disease by preventing the early case progressing to the chronic infectious state. This is the last of the preventable diseases to carry off large numbers of young people each year, and it calls for a great effort to provide the necessary beds for infectious cases, to protect susceptibles by B.C.G. vaccine and to achieve reasonable housing conditions for affected families. Such efforts could well reap a rich reward.

It must be noted that despite the reduction in mortality from these causes the general death rate for the County increased slightly. These low mortality rates were recorded in conditions which take their toll in the earlier years of life. It is possible only to postpone death to later years, and the consequence of such postponement is that the diseases of old age claim more victims. The increasing age of the population has led to a steady increase in the number of deaths from diseases of the

circulatory system and from cancer. In 1949 there were 2,620 deaths from diseases of the circulatory system, but 2,006 of these occurred after the age of 65 years, and similarly more than half of the deaths from cancer occurred after this age. These two causes of mortality were, however, responsible for almost 1,000 deaths before this age, and it is here principally that we can expect advances in our knowledge of the treatment of the conditions to effect improvement. Despite any advances which may occur in treatment in any disease, the general death rate must be expected to rise slightly as the number of elderly people in the population increases.

Though the figures quoted in the Report show how the epidemic diseases of the past have been controlled, it must be noted that new risks to the health of the community arise. The increased toll of poliomyelitis in recent years and the disturbing prevalence of food poisoning are indications of the fact that the work of preventive medicine cannot be allowed to relax. The infections with salmonella organisms and with staphylococci in food have indeed assumed such proportions that the work of the Public Health Service in supervising and controlling restaurants and food preparation becomes of greater and greater importance. Particular reference is made to food poisoning in the Report.

In order to achieve the highest state of health in the community, it is accepted that housing conditions must be satisfactory, and it is disappointing to record that relatively little progress was made with housing in 1949. While it is true that 2,900 houses were built, this was 500 fewer than in 1948 and nearly 1,000 less than in the year before the war. In considering the housing situation, we must think not only of the provision of new houses but the replacement of those that are old and worn-out. During the year 250 houses were demolished or closed and 900 were found to be unfit for habitation in the urban districts alone, while the Rural Housing Survey has shown in the last two years that some 1,300 houses are known to fall into the unfit category. The full picture of the state of rural housing is not yet complete, but it seems evident that the present rate of provision of houses is not likely to lead to the position where an adequate number of new houses has been provided to meet increased needs and to replace



unfit houses within the immediately foreseeable future. This is, of course, no new problem. Indeed, it is probably true that there never have been sufficient houses in this country, and a very large number of those that do exist have passed the period of their useful life. No greater problem faces the County than this vital one of housing the people.

The work of the Health Department for 1949 which was the first complete year of the working of the National Health Service Act is reviewed in detail in the Report. Some of the Council's services under the Act increased very considerably, while others showed less increase than might have been expected. The greatest increase was in the Home Help Service which has grown tenfold in three years from 163 cases in 1947 to 1,613 cases in 1949. The control of this service is largely undertaken by the Area Sub-Committees, and these Sub-Committees were able to meet nearly the whole of the demand for help in the home for sickness and infirmity. The Report comments on the likelihood of further expansion in this field.

The growth of the Ambulance Service in the County matched that in the rest of the country, and at the end of the year patients had been transported more than a million miles. The problem in this County is related both to the number of patients and the distances from the hospital centre in Newcastle. In particular the transport of out-patients to the teaching hospital is a problem which can be reduced to any considerable extent only by the provision of increased facilities for necessary out-patient treatment at the other hospitals in the County.

The Home Nursing Service can, with the Home Help Service play an important part in helping to treat patients in their own homes and thus reduce the pressure on the hospitals. It is somewhat surprising that the number of patients attended by the nurses was actually less than had been attended in the previous year. It still seems, however, that an expansion of this part of the Council's work is to be expected. The decline in the amount of midwifery work was influenced by the increased number of confinements in hospital. It may well be that economic circumstances may result in the limit of admissions to maternity hospitals having been reached and it may be noted that the domiciliary midwifery service, in which the provision of analgesic apparatus

and of cars for the midwives has extended considerably, can deal satisfactorily with more than the present numbers. There are economic differences between hospital and home confinement which may need to be altered if best use is to be made of the domiciliary service, though medical and social needs will necessitate the admission to hospital of many cases. The safety of the obstetric services, both in the hospital and the home, is reflected in the record low maternal mortality rate.

Closely associated with the nursing and home help service in assisting patients who are treated at home or return from treatment in hospital is the work of care and after-care. The first full year of the work showed that the service was appreciated but the demand was less than might have been expected. Little information was received from hospitals about patients needing any form of help on their return home, with the exception of convalescence. The value of the arrangements for patients to spend periods in holiday convalescent homes cannot be doubted and the volume of the demand is likely to increase. Some of the Voluntary Care Committees did excellent work in helping those who were sick in their homes, though others found little to do. Nevertheless, it is possible that greater use will be made of the resources of the after-care service in the future if efforts are to be made to increase the number of patients nursed at home. The value of this after-care in the field of tuberculosis is now well recognised in the County and the work was carried on with its previous success, though there was a feeling that the committees had greater scope prior to 1948. An interesting extension of this service was the arrangement to send tuberculous patients to a convalescent home in the County on the advice of the Chest Physician. This facility was fully used and greatly appreciated by the patients.

While the family doctors and the mental hospitals provide a full range of advice for those who seek it, there is an appreciable number of persons in need of advice and help who will not make proper use of such facilities. Those who will not initially discuss their difficulties with the general practitioner or the psychiatrist may be prepared to seek help from other sources. In view of this, the arrangement which the Council made with the National



Association for Mental Health for a counselling service which offers help in such difficulties and encourages patients to seek psychiatric advice meets a definite need, and the progress of the work will be watched with interest.

In noting new features, the continued success of established measures must not be overlooked. In particular, the scheme for the prevention of congenital syphilis may be noted. The measures taken resulted in 28 healthy babies being born who might otherwise have been infected. I do not think that the value of such preventive measures can be overestimated.

In considering the field of prevention, care and after-care, attention must be given to the work of the Health Visitor, the scope of whose work was extended by the National Health Service Act. The Health Visitor has the duty of advising on the care of people who are ill, irrespective of their age, and thus she will become increasingly aware of the needs of the elderly. Many old people are in need of advice and care, and the Local Health Authority may, by helping them, be able to prevent deterioration in their condition. This work for the elderly is still in its infancy, but there appears to be every likelihood of an appreciable advance being made in the near future, though the field in this County is not fully explored, and the number of staff available must necessarily affect the amount of work which can be done.

The older field of the Health Visitor, the Maternity and Child Welfare Service, continued to extend during 1949, and eight new clinics were opened. The Council have reason to feel some satisfaction that during the past ten years, despite six years of war, the number of child welfare clinics under their aegis has more than doubled to reach a total of 82 and that only a quarter of the increase is due to transfer of clinics from other authorities, the remaining three-quarters representing the true expansion of the work. The fact that 18,500 infants made more than 100,000 attendances indicates the appreciation of what is done and the magnitude of the service. There was an increase in the amount of conservative dental work for mothers and infants despite great difficulties and the shortage of dentists, and there is little doubt of the benefit to the health of the expectant mother derived from adequate dental care. The continued increase in the number of expectant mothers attending ante-natal clinics, which for the

first time exceeded 6,000, shows that there was no falling off on this side of the work despite the changes since 1948. These clinics are of great value as educational centres and it is greatly to be hoped that their past usefulness will be maintained.

It will be seen that after the changes which followed July, 1948, the work of the Health Department extended in new directions. The work of the Local Health Authority is as much part and parcel of the National Health Service as the provision of hospital and specialist services or the medical treatment of patients in their homes, and there is a large amount of relatively unexplored territory for the Authority yet to cover. I would record my thanks to all the staff, but particularly to Dr. Edwards, Dr. Minns, Miss Graham and Miss Mallaburn for the help they have given me and the success they have achieved in the expansion of existing services and the examination of the new problems which arise as we push forward into this new territory. Finally I would like to thank the Chairman and members of the Health Committee most sincerely for their support during this somewhat difficult period of the establishment of new services.

I am, My Lords, Ladies and Gentlemen,

Your obedient Servant,

A handwritten signature in dark ink, appearing to read 'John B. Piller', with a long horizontal flourish extending to the right.

County Medical Officer.



## NORTHUMBERLAND COUNTY COUNCIL

### Report of The County Medical Officer of Health for the Year 1949

#### VITAL STATISTICS.

Area (acres)	Urban :	79,573	Rural :	1,196,632	Total :	1,276,205
Population ....	Urban :	335,842	Rural :	100,528	Total :	436,370
Rateable Value	Urban :	£1,837,948	Rural :	£551,615	Total :	£2,389,563

#### BIRTH RATE.

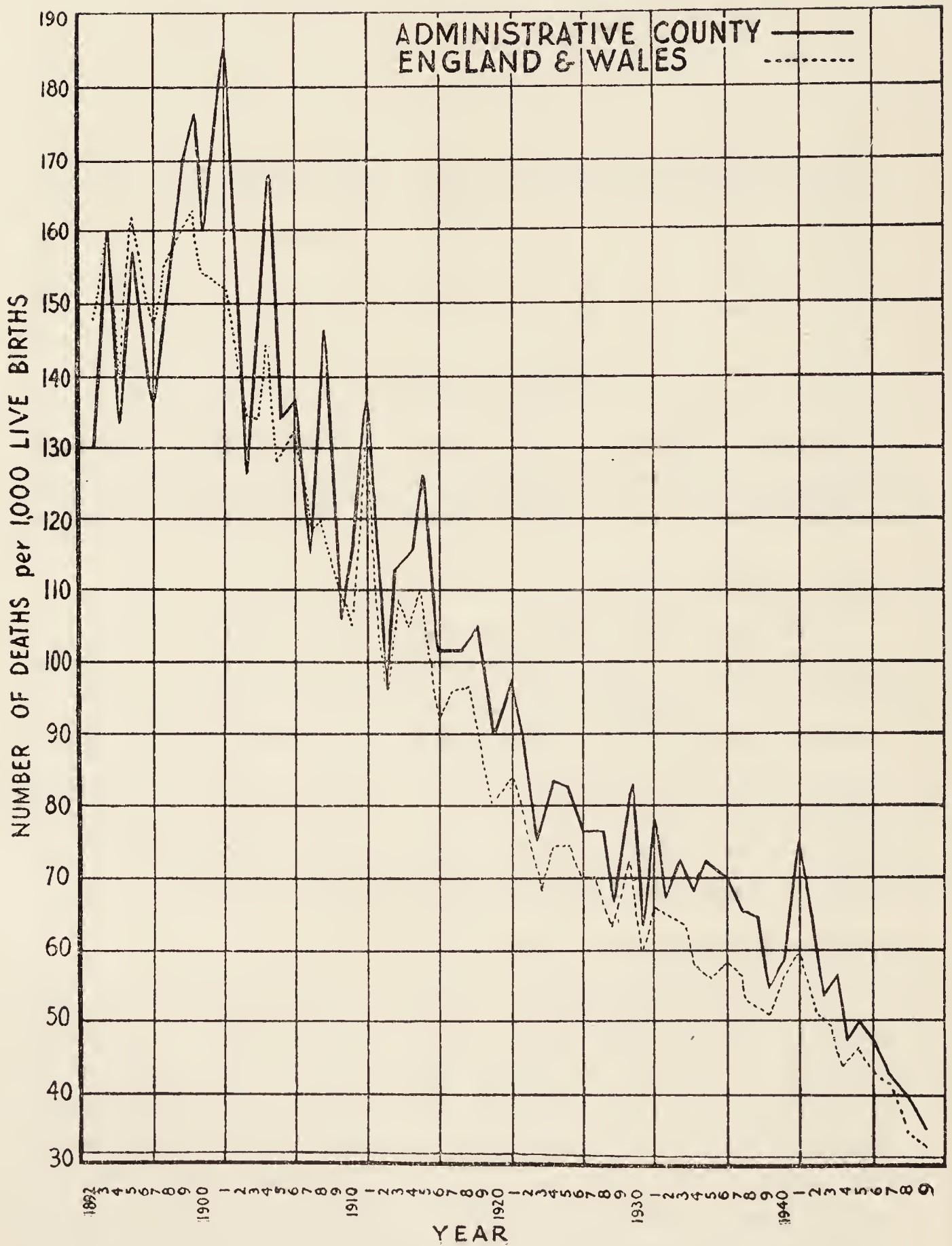
The birth rate, which reached a peak of 20.66 per 1,000 population in 1947, declined again below the 1948 figure to 17.52 for the year of this report. This decrease was in accordance with expectations, but it may be noted that the birth rate was higher than at any time during the period from 1929 to 1942 and remained higher than it was twenty years ago. Although there is evidence that the decline has not ceased, it still seems probable that the birth rate will settle at a higher level than before the war.

#### INFANTILE MORTALITY RATE.

A record low infantile mortality rate was reached during the year when the figure of 36.0 per 1,000 live births was recorded. Though the rate is still higher than the average for the country as a whole, the graph on page 14 shows the remarkable change which has taken place since this mortality was first recorded in this Report. The story is one of steady improvement over the last fifty years, and it is perhaps interesting to note that it is not possible by reference to the curve to show when any one improve-



COUNTY OF NORTHUMBERLAND  
INFANTILE MORTALITY RATES—1892-1949





ment was introduced. Despite this increased care of the infants, there were still 278 deaths before the age of one year, and we can hope that further progress in preventing this mortality is possible.

#### STILL BIRTHS.

The number of still births and the still birth rate both fell to record low levels. There were 192 still births, a rate of 24.58 per 1,000 registered births. Thus the still birth rate has been almost halved since 1932, a tribute to the increased care of the expectant mother at clinic and hospital, as well as to the skill shown at the confinement by both doctors and midwives in the home and in hospital.

#### MATERNAL MORTALITY.

There were only three maternal deaths during the year, fewer than ever before in the County, and the mortality rate reached the record low figure of 0.38 per 1,000 total births. Only once before in 1947 had a maternal mortality rate of less than 1 per 1,000 births been recorded. The remarkable improvements in this field reflect the increased efficiency of the maternity services as a whole, and show the great value of chemotherapy and the antibiotics.

#### GENERAL DEATH RATE.

The general death rate increased to 11.92 per 1,000 population. It was pointed out last year that with the increasing age of the population a higher death rate can be expected, but the rise for 1949 represents the continuation of the trend of the past few years rather than a rapid increase. The death rate in the County fell from the beginning of the century until 1930 when the rate of 11.02 was reached. Since then the rate has risen very slightly, though the 1948 rate was considerably below the average for the past twenty years.

## PRINCIPAL CAUSES OF MORTALITY.

The table below follows the custom of past years in showing the chief causes of death:—

Disease.	1949.		1948.	
	No. of Deaths.	Percentage of total Deaths.	No. of Deaths.	Percentage of total Deaths.
Heart Disease ....	1,772	34.20	1,541	32.06
Cancer ....	796	15.36	750	15.60
Intra Cranial Vascular Lesions ....	650	12.54	612	12.73
Tuberculosis ....	186	3.59	219	4.56
Bronchitis ....	227	4.38	164	3.41
Pneumonia ....	161	3.11	153	3.18
Other Diseases of Circulatory System ....	198	3.82	147	3.06
Nephritis ....	98	1.89	113	2.35
	4,088	78.89	3,699	76.95

TOTAL DEATHS (All causes) ..... 5,181

It is most satisfactory to note that the mortality from tuberculosis was the lowest ever recorded in the County. Fuller reference is made to this later in the Report.

The reduction in the number of deaths from nephritis is also of interest, but the increased mortality from pneumonia shows once again that the advent of the sulphonamides and the antibiotics has not brought about the improvement in the treatment of this condition which might have been hoped.

Diseases of the heart and blood vessels were a greater cause of mortality than ever before and together accounted for more than half the total deaths. Similarly the number of deaths from cancer was the highest recorded in the County. These increases in mortality are associated with the increasing proportion of the higher age groups in the population, though all the factors involved are not clearly understood. Malignant new growths are not confined to the elderly, and it may be noted that during the year they accounted for 10 deaths below the age of 15 years and 48 under the age of 45 years. We have no accurate knowledge of the incidence of cancer in the area, though it is possible that such in-

formation may become available to us at some stage. It will then be possible to obtain a clearer picture of the effects of the disease in the population.

The following table shows the age distribution of the deaths from the two main causes of mortality:—

Deaths from	Sex	AGED				Totals
		Under 15 years	15-45 years	45-65 years	Over 65 years	
Diseases of Heart and Blood Vessels ....	M	—	31	319	948	1,298
	F	3	30	231	1,058	1,322
TOTAL ....		3	61	550	2,006	2,620
Cancer ....	M	8	14	159	229	410
	F	2	24	163	197	386
TOTAL ....		10	38	322	426	796

#### INFECTIOUS DISEASES.

The Report for 1948 showed how greatly the outlook regarding infectious diseases had improved since the beginning of the century, and the figures for 1949 confirm the view that the infectious diseases are no longer a major factor in mortality in the County. For the second year in succession no death from diphtheria was recorded, and the disease itself has become almost as rare as enteric fever. The 18 cases notified was the smallest number during the 55 years for which records are available. While this can be attributed to an appreciable extent to active immunisation of the population no such explanation is possible for the decline in mortality from measles and whooping cough. The single death from measles and the 4 deaths due to whooping cough were the lowest figures ever recorded for the respective diseases. Improvements in general conditions, together with better care and treatment for children must be largely responsible for this improvement, though some reduction in the virulence of the infections may have occurred.



The number of deaths from diarrhoea and enteritis was 27, and, though this was less than the previous year, probably all of these deaths could have been prevented. It is important to stress most strongly the need for high standards of hygiene in the preparation of food for infants.

The following table shows the incidence and mortality for the main infectious diseases for the past four years.

	1949		1948		1947		1946	
	Notifications	Deaths	Notifications	Deaths	Notifications	Deaths	Notifications	Deaths
Scarlet Fever ....	560	—	871	—	308	—	418	1
Enteric and Paratyphoid Fevers ....	11	1	8	—	7	1	5	—
Diphtheria ....	18	—	50	—	143	5	548	14
Measles ....	3394	1	4706	2	3344	4	2897	3
Whooping Cough ....	916	4	1741	8	927	15	990	10
Diarrhoea and Enteritis (under 2 years) ....	—	27	—	31	—	31	—	24

#### ACUTE POLIOMYELITIS AND ACUTE POLIO-ENCEPHALITIS.

There was again a low incidence of poliomyelitis in the County, though there were more cases than in the previous year. There were, however, only two deaths compared with the eleven deaths which occurred during the epidemic year of 1947.

AGE PERIODS	NOTIFICATIONS							DEATHS						
	Boro's and Urban Districts		Rural Dist's		Total			Boro's and Urban Districts		Rural Dist's		Total		
	M	F	M	F	M	F	T	M	F	M	F	M	F	T
Years														
0—	1	—	—	—	1	—	1	—	—	—	—	—	—	—
1—	4	6	—	1	4	7	11	—	1	—	—	—	1	1
5—	4	3	—	1	4	4	8	—	1	—	—	—	1	1
15 & over	7	3	1	3	8	6	14	—	—	—	—	—	—	—
Total ....	16	12	1	5	17	17	34	—	2	—	—	—	2	2

## FOOD POISONING.

In an effort to improve knowledge of the causes and methods of prevention of cases of food poisoning, the Ministry of Health issued a further memorandum on the subject in May, and in addition, the Registrar General required notifications to be sent to him weekly as for other Infectious Diseases.

Food poisoning became a notifiable disease under the Food and Drugs Act, 1938, but records of its incidence have in the past been incomplete and the cause of outbreaks has remained inconclusive.

The causative agent may be a chemical poison or an organism of one of the groups staphylococci, salmonellae or others. Statistical records for England and Wales show that the majority of cases of food poisoning are due to salmonella infections and that in 65% of occasions meat dishes were thought to be the cause. Other foods which have caused an outbreak include duck eggs, dried egg, canned foods and synthetic cream.

It is fortunate that outbreaks of illness due to these causes are usually mild in their symptoms and do not cause any permanent disability.

During the year 92 cases of food poisoning were notified from 6 County Districts between May and September. None of these cases was fatal and, except in an outbreak in Hexham Urban and Rural Districts of 69 cases, did not spread to great numbers of the population.

In May an increase in the number of people attending doctors in Hexham on account of gastro-enteritis was noticed and as a result a check was made on water and milk supplies without finding any apparent cause for the illness. A detailed investigation was then commenced by the staff of the District Medical Officer of Health and, as a result of information received from a neighbouring Authority who had had similar cases following an outing to Hexham by a party of adults and children, samples of tinned synthetic cream were investigated from a local bakery. Organisms of *Salmonella Typhi-murium* were isolated from patients and from cream buns, and it is of particular interest that similar organisms were obtained from members of the bakery and café and from a mouse caught in the bakery. The outbreak

lasted approximately two weeks and resulted in a fairly large amount of illness which was not severe and usually left no ill effects after three days. It is considered that one batch of tinned artificial cream which was queried by the staff before use was the cause of the food becoming infected. It is pleasing to note that the baker voluntarily closed his premises until his staff were proved clear of the organisms and as a result no secondary outbreak occurred.

Minor outbreaks were also notified from Wallsend (total of 20 cases) and single cases of food poisoning were notified from Blyth, Gosforth and Newburn. All cases except those in a family in Wallsend were caused by the *Salmonella Typhi-murium* organism. In Wallsend a family of 4 adults was affected with cold roast mutton infected with *Staphylococcus Aureus*.

This short résumé of food poisoning during the summer months shows clearly how rapidly infection can spread through a population and how essential cleanliness is in both the preparation and cooking of all types of foodstuffs. Only by continuous and vigorous campaigns in food hygiene can outbreaks of food poisoning be controlled.



## VENEREAL DISEASES

I am indebted to Dr. W. V. Macfarlane, Director of the Clinic in Newcastle, for information about patients treated for venereal diseases in the area.

For the third year in succession there was a reduction in the number of new cases of infection seeking treatment. The number of patients treated at the Newcastle Clinic for venereal conditions fell from 319 to 253, though there was a slight increase from 71 patients to 73 at the Blyth Clinic. This decrease in the number of venereal infections is a matter for some satisfaction and reflects the more settled conditions after the termination of the war.

The table below shows the number of patients from Northumberland treated in clinics in all parts of the country.

	NEW PATIENTS		
	Venereal Conditions	Non-Venereal and Undiagnosed Conditions	TOTAL
Newcastle General Hospital ....	253	619	872
Wansbeck Hospital Clinic, Blyth ....	73	123	196
Tynemouth ....	23	25	48
Sunderland ....	—	2	2
Grimsby ....	2	—	2
South Shields ....	3	6	9
Liverpool ....	—	2	2

## Prevention of Venereal Diseases

### CONTACT TRACING

In the year under review, the number of contacts within the area continued the decline which has been marked since 1946. This decline corresponds to the markedly reduced number of new cases of infection treated at the clinics in the area.

The total number of male and female contacts sought within the area was 106, involving 152 visits.

This number includes the following groups :

Having complete name and address	.....	.....	.....	59
„ incomplete information	.....	.....	.....	15
„ vague information	.....	.....	.....	32

#### DISPOSAL OF IDENTIFIED CONTACTS.

Brought to the clinic by consorts	.....	.....	.....	38
Brought to the clinic as a result of visits paid by contact tracer	.....	.....	.....	27
Unco-operative—refused examination	.....	.....	.....	8
Identified with previously named persons	.....	.....	.....	4

#### DIAGNOSIS OF IDENTIFIED CONTACTS.

Syphilis	.....	.....	.....	.....	.....	8
Gonorrhoea	.....	.....	.....	.....	.....	31
Syphilis and gonorrhoea	.....	.....	.....	.....	.....	1
Non-venereal conditions	.....	.....	.....	.....	.....	19

#### TREATMENT DEFAULTERS.

Much of the social work this year has been concentrated on the prevention of serious defaulting of patients undergoing treatment, by early visiting by the contact tracer of the patient in his or her home. Visiting the patient has been found to be much more effective than letters sent from the social department. Most of the defaulters return promptly to the treatment centre after such efforts, usually their reasons for defaulting are genuine difficulties, *e.g.* transport, lack of money for fare to the centre, domestic ties, sickness, etc. It is the duty of the social worker to smooth out these difficulties, and on the whole, the results are very satisfactory.

During the year under review, the contact tracer paid 676 visits to defaulters within the area.

#### ANTE-NATAL SEROLOGICAL TESTS.

Twenty-eight serological specimens from Northumberland patients submitted to the Public Health Laboratory for examination during the year were found to be positive.

Twenty-nine cases of maternal syphilis were diagnosed and treated during the year. Twenty-eight of these patients were persuaded to undergo a course of treatment with penicillin, which meant being admitted to the General Hospital, Newcastle, for a period of not less than one week.

Of the babies subsequently born to these patients 26 were tested and found to be perfectly healthy.

The remaining 3 babies were born healthy, but the parents refused to submit them for the customary blood tests.

## TUBERCULOSIS

The death rate from tuberculosis fell to 0.43 per 1,000 population, the lowest rate ever recorded in the County. This was less than half of what it was twenty years ago and about one-fifth of the rate at the beginning of the century. Both pulmonary infections and other forms of the disease showed the improvement, the rate of 0.37 per 1,000 for respiratory and 0.06 per 1,000 for other forms of tuberculosis being in each case a record for the County.

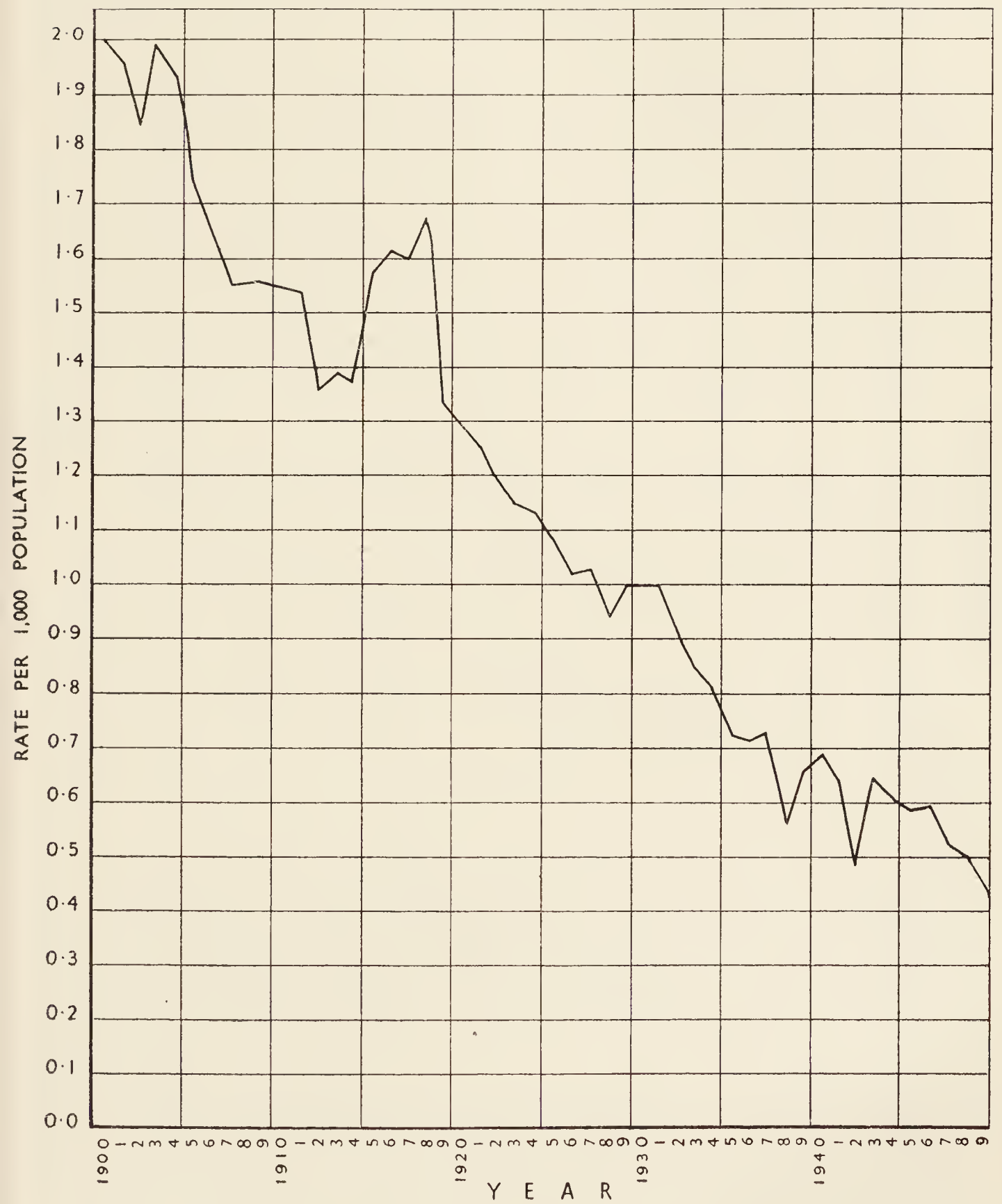
The deaths and mortality rate for tuberculosis are shown in the following table, while the accompanying graph shows the trend of the death rate since 1900.

<i>Year</i>	<i>Deaths</i>	<i>Rate per 1,000 population.</i>
1940	284	0.69
1941	259	0.63
1942	192	0.48
1943	252	0.64
1944	238	0.61
1945	233	0.59
1946	242	0.59
1947	225	0.53
1948	219	0.50
1949	186	0.43

Despite these new low records of mortality, there was an increase in the number of notifications of pulmonary tuberculosis for the second year in succession as shown by the graph on page 26. The steady fall in the number of new cases coming to light was halted by the war, but now five years after the end of the war notifications still run at a higher level than pre-war experience would have suggested. This increase is, to a considerable extent, due to increased facilities for diagnosis—it is possible, however, that some other factor is involved. While it cannot be said that housing conditions are much worse than pre-war, the rate of improvement is slower than in 1939, and many houses of doubtful fitness are now ten years older than they were then.

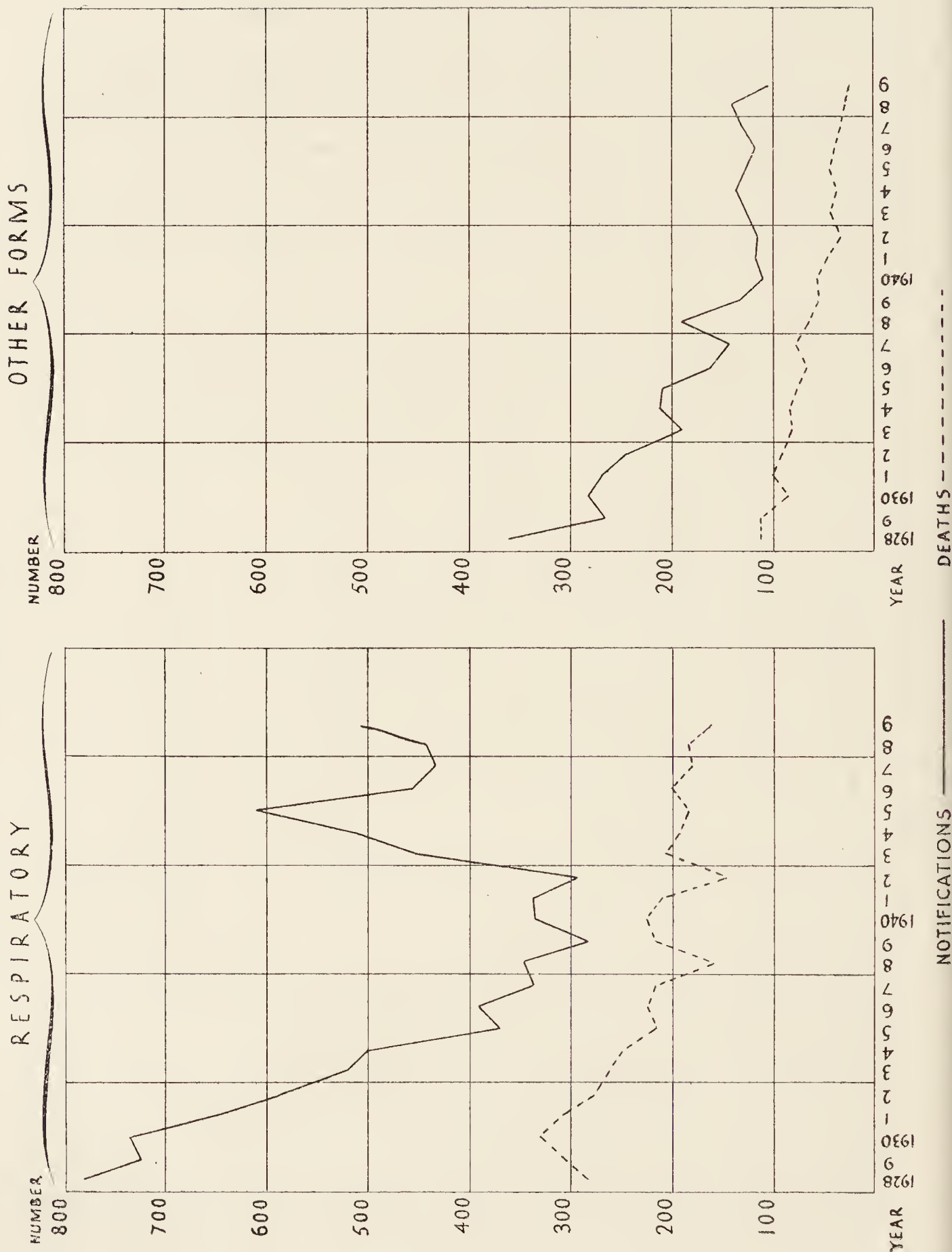
## TUBERCULOSIS—ALL FORMS.

## TREND OF DEATH RATE—YEARS 1900 TO 1949





# TUBERCULOSIS





A factor not to be ignored is the difficulty in obtaining institutional treatment. While delay in admission to sanatorium generally speaking can only affect the prospects of recovery of the individual patient concerned, lack of accommodation for advanced infectious cases may play a part in causing new cases of the disease.

The problem of tuberculosis in the industrial North-East is one of some gravity, and the Regional Hospital Board have recognised the shortage of accommodation for treatment by including in their plans three new sanatoria. The difficulties of staffing and building are known, but the fact remains that at the end of 1949 the Board had not provided any of the additional accommodation of this type which is needed. In addition to sanatoria, other hospital accommodation is urgently needed for infectious cases, and the Regional Hospital Board has a great problem to face in meeting this need.

The close liaison between the Health Department and the Chest Clinic Service has been maintained by the attendance of the Health Visitors at the Clinics, and of the Almoners who assist the Chest Physicians in the after-care of the patients, which is the province of the Council.

I am indebted to Dr. J. Reginald Beal, the Senior Chest Physician in the County Area, for the following report on the Service.

### **Chest Clinic Service—Northumberland Area**

The year 1949 has been the first complete year since the Service came under the National Health Service Act, and became the responsibility of the Regional Hospital Board and its Hospital Management Committees.

#### **GEOGRAPHICAL AREA.**

Certain changes have taken place in the area served by the old County service. The areas of the Urban Districts of Newburn, Gosforth and Longbenton have been attached to the Newcastle upon Tyne Chest Clinic area, whilst the area covered by the County Borough of Tynemouth has been incorporated in the old County area.

The new area covered is set out below :—

NORTHUMBERLAND COUNTY	POPULATION (1948)	INCREASE	DECREASE
Berwick M.B. ....	12,060	—	—
Norham & Islandshiers R.D. ....	4,590	—	—
Glendale R.D. ....	7,800	—	—
Belford R.D. ....	4,904	—	—
Alnwick. R.D. ....	12,090	—	—
Alnwick U.D. ....	7,238	—	—
Rothbury R.D. ....	5,678	—	—
Bellingham R.D. ....	5,230	—	—
Morpeth R.D. ....	17,720	—	—
Morpeth M.B. ....	9,420	—	—
Ashington U.D. ....	28,900	—	—
Bedlington U.D. ....	28,270	—	—
Blyth M.B. ....	35,020	—	—
Seaton Valley U.D. ....	26,300	—	—
Castle Ward R.D. ....	14,280	—	—
Whitley Bay U.D. ....	32,050	—	—
Wallsend M.B. ....	48 270	—	—
Haltwhistle R.D. ....	7,417	—	—
Hexham R.D. ....	20,800	—	—
Hexham U.D. ....	9,110	—	—
Prudhoe U.D. ....	9,288	—	—
Amble U.D. ....	4,431	—	—
Newbiggin U.D. ....	9,651	—	—
Tynemouth C.B. ....	66,050	66,050	To Newcastle
Newburn U.D. ....	—	—	21,350
Gosforth U.D. ....	—	—	24,170
Longbenton U.D. ....	—	—	25,810
	426,567	66,050	71,330 (—5,280)

It will be seen that there has been very little adjustment in population served, but it is manifestly an improvement that patients from Newburn, Gosforth and Longbenton should be able to attend a Central Clinic in Newcastle. It is also obvious that the patients from Whitley Bay have easier access to the Clinic at Tynemouth.

At the end of March, 1949, the Newburn cases were transferred to Newcastle, and in December 1949, similarly the Gosforth cases were taken over by Newcastle. In October the patients resident in the Whitley Bay area were transferred to Tynemouth Chest Clinic, It is hoped that very shortly the Longbenton transfer will take place.

It will be appreciated that these transfers have occasioned a good deal of administrative work, both in connection with the

actual transfer and also the check between the Local Health Authorities' Tuberculosis Register and that maintained by the Chest Clinics. Although it cannot be regarded as part of the Chest Clinic's work to look after the notification register of the Local Health Authority, it is desirable so far as possible, that there should be a relationship between the two Registers.

Chest Clinics are now being operated at Alnwick, Ashington, Berwick, Blyth, Hexham, Tynemouth and Wallsend. Although the Newburn Clinic has disappeared, it has been replaced by Tynemouth, which serves a larger area of population, and is accordingly busier and requires a more extensive service.

#### STAFF.

During the year the following staff changes took place :—

As previously noted, Dr. F. L. Moore retired in 1948, and in January 1949, Dr. A. P. Downie resigned on obtaining an appointment with the North-West Metropolitan Hospital Board.

In March 1949, Dr. R. R. Dodds resigned from the Mass Miniature Radiography Unit on taking up a post with the National Coal Board.

During this period no new appointments have been made, and although in October 1949, Dr. R. M. White came into the new area, he continued to carry on his previous duties at the Tynemouth Chest Clinic.

It should also be noted that supervision has been extended to the Hospitals for Infectious Diseases at Berwick, Wallsend, and North Shields. A consideration of the figures for the year 1949, which show progressive increases lead one to the opinion that unless full medical personnel is available, the service will of necessity have to be curtailed.

The number of new patients (excluding contacts) availing themselves of the Clinics has continued to increase, and in 1949 amounted to 2,881 as compared with 2,470 cases in 1948. Of these new cases, 441 were found to be tuberculous as compared with 390 in 1948, an increase of 51 cases. The number of non-tuberculous patients seeking advice showed an increase from 1,924 in 1948 to 2,272 in 1949, in addition, 168 cases were classified as " diagnosis not completed," a decrease of 88 on the 1948 figure. This is a welcome change, since psychologically it is undesirable to keep any patient in suspense longer than necessary.



The examination of contacts has shown a continued though none the less welcome increase. 2,155 contacts were seen as compared with 1,361 in 1948; of these, 32 were diagnosed as definite cases, and a further 115 were in the group "diagnosis not completed."

A comparison of the work of the Chest Clinics is appended below :—

DESCRIPTION	1938	1948	1949
<b>NEW CASES :</b>			
Definitely Tuberculous .....	274	390	441
Diagnosis not completed .....	56	256	168
Non-Tuberculous .....	510	1,924	2,272
	840	2,570	2,881
<b>CONTACTS :</b>			
Definitely Tuberculosis .....	28	32	32
Diagnosis not completed .....	14	96	115
Non-Tuberculous .....	291	1,233	2,008
	840	1,361	2,155
<b>SPUTUM EXAMINATIONS</b> .....	637	3,521	2,639
<b>X-RAY EXAMINATIONS</b> .....	1,076	7,110	8,869

X-Ray examinations continued to show an increase :—

Alnwick Area .....	344
Ashington ,, .....	2,123
Berwick ,, .....	176
Blyth ,, .....	1,809
Hexham ,, .....	760
Newburn ,, (Jan. to March) .....	79
Wallsend ,, .....	3,578
Tynemouth ,, .....	Figures not available.

### South-East Northumberland Hospital Management Committee

#### WALLSEND CHEST CLINIC.

The area served by this Clinic has been in the process of readjustment during the year since the Gosforth cases have been transferred to the Newcastle Chest Clinic, and those in the Urban District of Longbenton are also shortly to be taken over by

Newcastle. Whitley Bay cases were transferred to Tynemouth in October. The ultimate area served by this Clinic will be the Borough of Wallsend (48,270), and the Rural District of Castle Ward (14,280). In any further redistribution of Chest Clinic areas, Castle Ward would probably be better served by inclusion in the Newcastle Chest Clinic area, although the few cases seen at Wallsend Chest Clinic at the present time would not necessitate any immediate change. Cases resident in part of the Seaton Valley Urban District are also seen at Wallsend.

The Chest Clinic moved into the new premises in the grounds of the Sir G. B. Hunter Memorial Hospital in February 1949. As previously described, the Clinic is newly built and equipped, and would seem to be the ideal type of Chest Clinic, but for the absence of an X-ray plant within the building.

It is hoped that in 1951/52 a new plant will be installed and be available in the Memorial Hospital. The Chest Clinic and Hospital being within the same grounds, it would be unreasonable, with the present financial stringency, to ask for a building and an X-ray plant to be provided as an annexe to the present Chest Clinic, but when conditions improve the suggestion might well be implemented.

In 1949, 1,220 new cases (excluding contacts) were seen as against 1,010 in 1948, an increase of 210. Of these new cases, 182 were found to be tuberculous as compared with 150 in 1948, an increase of 32. In addition, 63 cases are still "sub-judice" as against 110 in 1948.

It would seem that as our net goes wider in search of suspect cases, we can expect an increase of definite cases.

Again we are able to report an increase in the number of contacts seen, 577 as compared with 408 in 1948. Of these 7 were found to be definite cases as against 12 in 1948.

The number of X-ray examinations has continued to increase from 2,615 in 1948 to the impressive figure of 3,578 in 1949. The need for a new X-ray plant in this area is a dire one, and one trusts that the new set for the Sir G. B. Hunter Memorial Hospital will arrive at the earliest moment in 1951.

Of the 440 Pulmonary cases on the Register at December 31st, 1949, 203 were classified as sputum positive.

#### TYNEMOUTH CHEST CLINIC.

This Clinic is situated in the premises of the Tynemouth Health Department, and incorporated in the Consulting Room is a low-powered X-Ray plant. The Clinic came into the area in October, 1949, and, as might be expected, a different method of administration was in operation. It is hoped that in the not too far distant future the Clinic will conform to the overall scheme and administration fall into the picture as a whole, hence it is not proposed to deal with statistics in this report.

As previously noted, the Whitley Bay cases were transferred from the Wallsend Chest Clinic to the Tynemouth Clinic, since the drainage of population, transport, etc., makes for more easier access.

The X-Ray plant at the Clinic is not of a modern powerful type, and it is proposed that Chest Radiology be carried out at Preston Hospital. This should increase the turnover of cases, especially when the new X-Ray Department and plant is available at the Hospital.

It is also anticipated that collapse therapy will be carried out in the Preston Hospital as soon as the new X-Ray Department is completed.

These changes should create a betterment of the Tynemouth Chest Clinic service, pending the provision of the ideal solution, *i.e.*, a new Chest Clinic built in the grounds of Preston Hospital, complete with waiting rooms, X-Ray Set, and small theatre for collapse therapy, but it would seem that this is a scheme in the more distant future.

#### WALLSEND AND MOOR PARK HOSPITALS FOR INFECTIOUS DISEASES

The accommodation at both these Hospitals has been taxed to the utmost, Wallsend accommodating male pulmonary cases, and Moor Park male and female pulmonary patients. The new allocation of beds for pulmonary tuberculosis



in these Hospitals is :—

WALLSEND	M.	MOOR PARK	M.	F.
Northumberland Cases	17	Northumberland Cases	15	15
Gateshead Cases .....	11			
Durham Cases .....	2			
	—		—	—
TOTAL .....	30		15	15
	—		—	—

It will be remembered that in 1947 an agreement was completed between the Northumberland County Council and the Earsdon Joint Hospital Board under which the County Council was granted the use of the “double block” at Wallsend Hospital for Infectious Diseases for the accommodation of tuberculous cases. This was followed by negotiations between the County Council and the Joint Board for the use of a further 20 beds at the Hospital for cases of tuberculosis. These negotiations were satisfactorily completed, and on June 11th, 1948, the County Council forwarded an agreement sealed by them to the Joint Board for completion. This agreement was never completed by the Joint Board, presumably because the appointed day under the National Health Service Act, 1946, was near at hand.

It was felt by the Management Committee that further efforts should be made to increase the accommodation for tuberculous cases in these institutions. Accordingly, the whole position was reviewed and it was proposed that the accommodation for tuberculous patients at the Wallsend Hospital be increased from 30 to 46 beds by using the old Diphtheria Block for female cases, and that at Moor Park the accommodation be increased to 52 beds for male and female patients, giving an additional 40 beds for the treatment of tuberculosis.

These schemes would of necessity require additional financial provision and were accordingly submitted to the Regional Hospital Board for consideration. Unfortunately, through financial stringency, the scheme had to be postponed, although the desirability of the project was recognised. It is hoped, however, that the scheme may ultimately function, since it is envisaged with more beds available in the area, a free interchange of cases can be practised with the Sanatorium and so ensure a larger number of patients being treated.



During 1949, all the staff (who were willing) were Mantoux Tested and found to be positive, hence the provision of B.C.G. Inoculation is unnecessary. The staff also have regular X-Ray examination of the chest.

#### NEWBURN CHEST CLINIC.

The service provided at this Clinic only operated from January 1st to March 31st 1949, when all the patients' records were transferred to the Newcastle Chest Clinic.

During the period, 72 new cases (excluding contacts) were seen, and of these, 12 were adjudged to be tuberculous.

Contacts examined totalled 27, and of these, one was a definite case.

On March 31st, 1949, the following cases were transferred :—

PULMONARY				NON-PULMONARY			
Adults		Children		Adults		Children	
M.	F.	M.	F.	M.	F.	M.	F.
38	31	6	5	7	8	8	6

TOTAL NUMBER OF CASES ..... 109

OBSERVATION CASES ..... 21

#### Wansbeck Hospital Management Committee

##### ASHINGTON CHEST CLINIC.

In 1949, 753 new cases (excluding contacts) were seen at this Clinic, as against 557 in 1948, an increase of 196. Of these, 74 were found to be tuberculous compared with 48 in 1948, the number of "sub-judice" cases being 51 against 98 in the previous year.

The increase in the number of new cases seen and definite cases diagnosed is in my opinion, a reflection of the additional diagnostic facilities provided.

During the period April—November, 1949, owing to the lack of medical staff, the Mass Miniature Radiography Unit functioned as a static unit at the Ashington Clinic. As a result of these facilities for first class radiology, an increasing number of new cases came to the Chest Clinic. A similar happy state existed in regard to radiology in respect of contacts,

The number of contacts seen was 584, an increase of 406 on the 1948 figure. It will be obvious from the figures quoted that there is plenty of work to be carried out in this area, provided that the facilities are available.

The number of X-Ray examinations totalled 2,123, again a marked increase.

During 1949, the whole Chest Clinic has been redecorated in light cream, and as a result the atmosphere is very much brighter.

The Orthopaedic and Eye Clinics of the Northumberland County Council have moved to other premises and the whole building is now devoted to the work of the Chest Clinic.

When the Mass Radiography Unit moved into the Clinic a new cable was installed, and this is sufficient to carry the highest powered X-Ray Unit likely to be provided. At the same time, Dark Room accommodation was constructed for the processing of films.

As previously reported, the lack of X-Ray facilities produced an artificial state of affairs, apart from causing inconvenience to patients. The forecast in 1948 that a permanent X-Ray plant capable of taking films of first class quality would be available at this Clinic failed to materialise through financial stringency.

The use of the Mass Miniature Radiography Unit in a static role has been responsible for producing the 1949 figures, but this was not available after October, 1949. The fact still remains that an X-Ray unit is still urgently required in the Clinic.

#### BLYTH CHEST CLINIC.

In 1949, 447 new cases (excluding contacts), were seen, as compared with 398 in 1948, an increase of 49. Of this number, 87 were found to be tuberculous as compared with 86 in 1948. In addition, 673 Contacts were seen, as compared with 559 in 1948, an increase of 114. X-Ray examinations increased to 1,809 in 1949, from 1,394 in 1948.

As noted in the 1948 report, the new X-Ray plant here has served to increase the number of new cases seen, and also allowed for more efficient Contact examinations and strengthened the preventive aspect, since it is obvious that if we can prevent the spread of infection and limit the incidence of disease, this will solve the problem of treatment and institutional care,

### **Alnwick Hospital Management Committee**

#### **ALNWICK CHEST CLINIC.**

A weekly session has been maintained and with the advent of the new Out-Patients' Department, the work of the Clinic has been made much more congenial for staff and patients.

During 1949, 116 new cases, (excluding Contacts), were seen, of which 19 were discovered to be Tuberculous. In addition, 132 Contacts, an increase of 98, were seen.

The number of X-Ray examinations was 344 as compared with 266 in 1948.

It has been found impossible to resume the monthly sessions at Rothbury owing to lack of staff.

### **Berwick Hospital Management Committee**

#### **BERWICK CHEST CLINIC.**

A weekly session has been maintained at the Berwick Infirmary. At the time of writing, a new Out-Patients' Department is in the course of erection and this new addition will facilitate the work of the Clinic.

During 1949, 92 new cases (excluding Contacts), were seen, of which 18 were found to be Tuberculous, 46 Contacts were also examined. The number of X-Ray examinations was 176—a reduction on 1948.

#### **MARSHALL MEADOWS HOSPITAL FOR INFECTIOUS DISEASES.**

This Hospital has again made a most useful contribution to the bed complement in the Area, having 6 Male and 4 Female beds for Pulmonary Tuberculosis. Unfortunately, during the period May-October 1949, no cases were admitted, firstly on account of the outbreak of Typhoid Fever, and latterly due to shortage of staff. However, this has now been remedied, and the Hospital is working to its full complement.

During 1949 all the staff (who were willing), nursing and domestic, were Mantoux Tested and found to be positive, hence the provision of B.C.G. inoculation is unnecessary. The staff also have regular chest X-Rays.

### **Hexham Hospital Management Committee**

#### **HEXHAM CHEST CLINIC.**

The number of new cases seen (excluding Contacts), was 161, as compared with 267 in 1948. Of these, 49 were found to be Tuberculous as compared with 40 in 1948.



The number of Contacts seen was 116, and X-Ray examinations were 760 as compared with 544 in 1948.

### Institutional Accommodation

Under the revised allocation of beds available to the Northumberland County Council Area, the distribution is set out below :—

TUBERCULOSIS SERVICES, NORTHUMBERLAND							
Pulmonary					Male	Female	Children
GENERAL AND INFECTIOUS DISEASES HOSPITALS :							
Marshall Meadows	....	....	....	....	6	4	—
Moor Park	....	....	....	....	15	15	—
Wallsend	....	....	....	....	17	—	—
Walkergate	....	....	....	....	—	10	—
South Shields General	....	....	....	....	—	2	3
Normans Riding	....	....	....	....	—	5	—
Sunderland R.D.	....	....	....	....	—	6	—
SANATORIA :							
Wooley Sanatorium	....	....	....	....	59	58	—
Stannington Children's Sanatorium	....	....	....	....	—	—	25
NON PULMONARY							
Hexham General Hospital	....	....	....	....	13	12	—
Sheriff Hill	....	....	....	....	1	—	—
W. J. Sanderson Orthopaedic Hospital	....	....	....	....	—	—	11
Grindon Hall Sanatorium	....	....	....	....	—	—	3
Earls House Sanatorium	....	....	....	....	—	—	2

### Employment and Rehabilitation

During the year 1949 it was felt desirable to ascertain so far as was possible, the number of Pulmonary cases in the County Area who were employable but unemployed.

A questionnaire was sent to all Pulmonary cases, male and female, between the ages of 15 and 65 years.

In the whole area, only 73 persons were unemployed who were considered fit for work. Of these, six were active cases, and five of them were infectious but employable in suitable conditions. The remaining 67 were quiescent.



It seems from these figures that the small number, 73, spread over the whole area, renders the provision of special Remploi Factories for the Tuberculous as impracticable, and that the solution lies in the individual approach and fitting the patient into the most suitable local arrangement.

#### MASS MINIATURE RADIOGRAPHY.

During the year 1949, the Unit has operated as a Mass Miniature Unit in the following areas :—

Backworth.

North Walbottle.

Lynemouth.

Newbiggin-by-the-Sea.

Surveys were carried out in these areas during the period January 1st-March 21st, the main effort being concentrated on Collieries. As previously noted, the resignation of Dr. Dodds left the unit without any medical personnel, and the Chest Clinic Service, being equally short-staffed, it was decided to use the Unit in a static role at the Ashington Chest Clinic. In this role it performed yeoman service, in that cases were able to be X-Rayed and seen at one visit to the Clinic and the quality of the film was excellent. It also performed invaluable service in the X-Ray of Contacts.

On November 15th, 1949, the Unit reverted to the Mass Miniature use and visited the western Rural Areas of the County, *i.e.*, Corbridge, Haydon Bridge, Hexham and Allendale. During this period the Unit was supervised and films read by Dr. F. L. Wollaston, Consultant Chest Physician for the Hexham Chest Clinic. It may well be felt that the results obtained in this area were not commensurate with the expense involved.

In my view, while agreeing that the survey was expensive, an opportunity has been offered to these sparsely inhabited areas, and it is proposed in 1950 to complete the survey in this area and proceed to a similar area in the north.

It is expected that the arrival in 1950 of an equipped van and trailer will ease the work of this Unit and may well curtail some expense.

The detailed work of the unit is set out in tables at the end of this Report.

### **Tuberculosis After-Care**

The after-care of tuberculous patients was continued during 1949 on the lines of previous years. The twelve After-Care Committees indicated in Table 11, met regularly throughout 1949 and did much good work including 435 visits by members to patients.

The first full year of the operation of the National Assistance Act showed a considerable decrease in the amount of assistance required from the After-Care Committees, for clothing, extra nourishment, beds and bedding and travelling expenses. There still remains need for financial aid in cases where the National Assistance Board cannot help, and to supplement National Assistance.

There was no decrease, however, in the number of patients who required help and advice from the almoning service. The figures show an increase on those for 1948 and the number of domiciliary and hospital visits paid by the Almoners increased by more than half.

The close co-operation between the officers of the National Assistance Board and the Department continued, and it was possible for the patients to get the greatest benefit out of what is available to them.

During the year under review, a Senior Assistant Almoner and one Assistant were appointed to fill vacancies caused by the resignation of two Assistant Almoners.

The number of patients who registered with the Ministry of Labour as disabled persons, decreased slightly during the year. There are however, still patients for whom suitable employment has not been found by the Ministry of Labour. This is a matter for concern as suitable and congenial employment plays a large part in the rehabilitation of the tuberculous. This problem would appear to be a national one and it is hoped that the Ministry of Labour will endeavour to find a solution in the near future. It might be possible for the local After-Care Committees to help in this direction, by contact with local employers.

The co-operation between the Almoners and the Health Visitors, at After-Care Committee meetings and at clinics, was of the greatest value. Much overlapping was prevented with resulting benefit to patients.

Rather fewer patients were referred to the Local Authorities for rehousing and there was a welcome increase in the number who were re-housed. The interest of the Medical Officers of Health, some of whom attend the meetings of the After-Care Committees, is of great value.

A visit during the year, to Wooley Sanatorium by representatives of each Committee was much appreciated by the patients there.

Owing to the increase in the number of patients who were anxious to do handicrafts in their homes and who were unfit for employment, the Council agreed to make provision for an occupational therapy service in the following year, to help and advise patients and assist in the sale of their products. Boredom is one of the greatest factors to be dealt with in the treatment of the tubercular and it is felt that patients would co-operate more fully in carrying out medical instructions if their hands were usefully occupied. Occupational Therapists are already employed in this field in other parts of the country.

Convalescence for patients suffering from pulmonary tuberculosis is a problem which has now been solved in Northumberland. In May, 1949, the owner of a Guest House in the County, put her home at the disposal of patients suffering from pulmonary tuberculosis in order that they might have a holiday. The Health Committee agreed to pay for up to eight patients a week here. Since the Home opened, and up to the end of December, 1949, 40 patients have benefited from a holiday there, three of whom received a second period of convalescent treatment during the year.

Ten of the Area After-Care Committees took part in the National Association for Prevention of Tuberculosis Christmas Seal Sale for 1949. The sum of £589 2 1d. was raised for the Sub-Committee's Voluntary Funds.

Donations were received during the year from the Newcastle Central Station Christmas Tree Fund, and the Newcastle International Club for the benefit of patients suffering from tuberculosis.



### General After-Care

The numerous voluntary Care Committees in the County, which took part in the provision and distribution of nursing requisites, also undertook a good deal of work in the care and after-care of patients other than those suffering from tuberculosis, although it is not possible to give any accurate record of the help given. Increasingly the almoners were asked for advice and help in connection with general after-care, but the number of instances where hospitals informed the Department of the discharge or impending discharge of patients in need of such help was very small.

The Council undertakes the responsibility of providing convalescence for patients who do not require active medical or surgical treatment, and there was an appreciable increase in the number of applications for this form of help. Convalescence was arranged for 46 persons during the year, though the Council was not involved in any financial responsibility in seven of these cases. The arrangements for convalescence are made through the Area Sub-Committees, and it is expected, that in the future, there will be a further increase in the demand. Shortage of accommodation in convalescent homes of the holiday home type may limit the rate of expansion in this service.



## HEALTH EDUCATION

During 1949 this service was developed to meet the requirements of the community by the formation of a panel of lecturers and the purchase of a 16 m.m. Cinematograph.

A colour film of the Northumberland County School Dental Service together with a wide variety of films borrowed from the Central Film Library were shown to the public.

The film appears to be an excellent method of impressing upon audiences the most important lessons to be learnt from Health Education and it would seem that this method of delivering propaganda is capable of some considerable expansion.

A Health Exhibition Stand obtained from the Central Council for Health Education was loaned to Area Executive Medical Officers who arranged for topical displays on Local Health Authority Services, Food and Drink Infections, Sleep and Diphtheria. It is pleasing to report that many firms and other organisations with suitable premises for these displays co-operated by making accommodation available when required.

Propaganda relating to Infectious Diseases, hygiene and other matters of interest was obtained for Health Visitors to display and distribute at Child Welfare Centres and Ante- and Post-Natal Clinics throughout the county.

## ROAD SAFETY

The Chief Constable of the County has supplied the following figures for accidents on all roads in Northumberland :—

### ROAD ACCIDENTS INVOLVING PERSONAL INJURY—

<i>Fatal</i>	<i>Serious Injury</i>	<i>Slight Injury</i>	<i>Total</i>
39	310	866	1,215

### CHILDREN UNDER AGE OF 5 YEARS (INCLUDED IN ABOVE FIGURES).

<i>Fatal</i>	<i>Serious Injury</i>	<i>Slight Injury</i>	<i>Total</i>
3	19	69	91

Though these figures reveal a reduction of 11 in the number of fatalities compared with 1948, there was an increase of 233 in the number of personal injuries. Information is not readily available about the amount of illness and disability caused by these accidents, but it is clear that much avoidable incapacity occurs each year. It seems that the problem is likely to grow, and every support should be given to efforts to reduce the killing and maiming on the roads of the County each year.

## MATERNITY AND CHILD WELFARE

1949 was the first complete year in which administration of the Maternity and Child Welfare Service in the County was undertaken by the Council as Local Health Authority, while in Wallsend, the Area Committee continued to exercise local direction of the Service. The Maternity and Child Welfare Sub-Committee undertook the operation of the scheme in the two Northern Areas of the County. Maintenance of Child Welfare Centres was supervised by the Central, East, South, South East and West Area Health Sub-Committees; whilst all other administrative arrangements were executed centrally.

### NOTIFICATION OF BIRTHS.

A total of 7,513 births—7,415 live births and 98 still births—was notified during the year. The number of registered births was 7,810, including 7,618 live births and 192 still births. It will be noticed that there is still a considerable discrepancy between the numbers of notified and registered births. Failure on the part of the doctor or midwife to notify a birth may mean that a mother is deprived of the benefits of the child welfare service during the period immediately following the puerperium, when she is frequently in need of advice and encouragement to assist her in maintaining breast-feeding.

### STILL BIRTHS.

The still birth rate was 24.58 per thousand registered births—a decrease on the previous year when the rate was 26.24 per thousand.

### INFANTILE MORTALITY.

The infantile mortality rate for the year was 36 per thousand live births, compared with a rate of 40 per thousand in 1948. The rate for England and Wales was 32 per thousand compared with 34 per thousand in the previous year.

The average rates for the various districts in the County, compared with those for 1948, were as follows :—

INFANTILE MORTALITY RATES (PER THOUSAND LIVE BIRTHS):

	1948	1949
Boroughs ....	50.5	39.7
Urban Districts ....	37.4	36.1
Rural Districts ....	30.6	32.9

There was a total of 278 deaths, the causes of which were the following :—

Cerebro Spinal Fever	1
Whooping Cough	3
Tuberculosis (Non-Pulmonary)	1
Influenza	3
Measles	1
Cancer	1
Bronchitis	5
Pneumonia	46
Other Respiratory Diseases	3
Diarrhoea	25
Other Digestive Diseases	6
Nephritis	1
Premature Birth	73
Congenital Malformations, etc.	87
Violent Causes	9
All Other Causes	13

There was a noticeable decrease in the number of infantile deaths due to pneumonia, bronchitis and other respiratory causes during the year—from 71, or approximately 23%, in a total of 310 infant deaths in 1948 to 54, or approximately 19%, in 1949. Deaths due to prematurity showed a slight relative increase, and deaths due to other causes remained approximately at relatively the same level. Congenital malformations and diseases peculiar to infancy continue to be the highest single cause of all infantile deaths, and, in the present state of our knowledge of the causes of these conditions, it does not appear that there will be any marked decrease in the number of deaths due to their incidence in the near future.



### ILLEGITIMATE BIRTHS.

There was a total of 294 illegitimate births during the year, representing 3.7% of the total births—a decrease on the previous year, when the illegitimate births were 4.2% of the total births.

Of the 294 illegitimate births, 9 were still births, and, out of the 285 illegitimate children born alive, 19 died before the end of the first year.

The statistics for 1948 and 1949 relating to illegitimate births, as compared with all births, were as follows :—

	Infantile Mortality Rate		Still Birth Rate	
	1948	1949	1948	1949
All Births ....	40	36	26.24	24.58
Illegitimate Births....	55	66	55.71	30.61

### BOWMER BANK HOSTEL.

The ante and post-natal hostel at Bowmer Bank, Morpeth, which was established for the reception of unmarried mothers in February, 1948, continued to operate successfully in 1949.

This institution was established with three main objects in view :—

- (1) To improve the mental and physical health of the unmarried expectant mother and thus increase her chances of bearing a healthy infant.
- (2) To educate the mother in the care of her baby.
- (3) To assist in her rehabilitation and endeavour to find her employment under circumstances which will enable her to be responsible for the baby's maintenance and care.

It was found to be necessary to admit a small number of married mothers from "problem families." The reason for their admission was partly the difficulty of finding suitable accommodation for such cases and partly to improve the health of the mother and child. In addition, the opportunity afforded of educating these mothers in the care of their babies was most valuable and materially increased the baby's chances of survival, especially in the neo-natal period.

The administration of the Hostel has been attended by some difficulties, which have occurred mainly because of the necessity of admitting these "problem cases," together with all types of unmarried mothers. Ideally, such an institution should be run



in two entirely separate sections—one for the type of girl who proves resistant to education and rehabilitation and perhaps requires a stricter discipline, and the other for those girls who are more receptive and anxious to co-operate. The “problem cases” could be included amongst the former group.

The Hostel has, however, in spite of these difficulties, been a successful experiment. It was opened on 5th February, 1948. During that year 24 mothers were admitted and during the year under review there were 57 admissions. The mothers, under supervision, undertake most of the domestic work of the Hostel, including laundry work and cookery, and are also responsible for the care of their babies. Classes in needlework and handicrafts have been arranged by the Director of Education, and have been well attended.

The medical care of the mothers and babies is undertaken by Dr. G. B. Stenhouse of Morpeth, and the Hostel is also visited weekly by one of the Assistant Maternity and Child Welfare Officers, who advises Matron on the feeding and general care of the babies.

It is hoped that the operation of this institution will ultimately materially assist in lowering the mortality rates amongst illegitimate babies. Admissions are recommended by the Moral Welfare Workers employed by the Newcastle Diocesan Council, by general practitioners and also by the County Council's staff of health visitors and midwives.

#### PREMATURE BIRTHS.

The number of premature births notified was 400, as compared with 204 in 1948. This increase is due to more effective means of notification and not to any increase in incidence.

The number of premature babies born at home was 147 and 253 were born in a hospital or nursing home. Of the number born at home, 22 died during the first 24 hours and 106 survived at the end of one month. Of hospital or nursing home births, 17 babies died during the first 24 hours and 228 survived at the end of one month. Therefore, out of a total of 400 babies born 66 or 16% died during the neo-natal period. In 1948 26% died during the same period.

It will be noted that a much higher proportion of premature babies born at home died during the neo-natal period than amongst those born in hospital. The efficient care of premature babies born at home presents many problems in an extensive County area. At present, the County Council provides a comprehensive outfit of nursing equipment for the domicilliary care of such babies which is available to doctors and midwives on request.

A series of lectures on neo-natal care, including the care of premature babies, will be arranged for the midwives on the County Council staff. It is hoped ultimately to provide a domiciliary service which includes supervision by a consultant paediatrician, specialist nursing and vehicles specially equipped for the transport of premature infants to hospitals.

#### NEO-NATAL DEATHS.

The total number of neo-natal deaths, *i.e.* deaths within the first four weeks of life, was 142. This figure represents 51% of all infant deaths and a rate of 18.6 per thousand total live births. In 1948 the corresponding figures were slightly lower—the neo-natal deaths represented 36% of all infant deaths, and a rate of 14 per thousand total births.

The causes of death were as follows :—

Prematurity	....	....	....	....	....	66
Congenital Malformations	....	....	....	....	....	16
Cerebral Haemorrhage	....	....	....	....	....	13
Respiratory Infection	....	....	....	....	....	11
Atelectasis	....	....	....	....	....	6
Asphyxia	....	....	....	....	....	8
Congenital Debility	....	....	....	....	....	8
Congenital Heart Disease	....	....	....	....	....	4
Haemolytic Disease	....	....	....	....	....	2
Birth Injury	....	....	....	....	....	1
Gastro Enteritis	....	....	....	....	....	1
Hirschsprungs Disease	....	....	....	....	....	1
Uraemia	....	....	....	....	....	1
Neo-natal Infection	....	....	....	....	....	1
Obstructed Labour	....	....	....	....	....	1
Intestinal Obstruction	....	....	....	....	....	1
Hydrops Foetalis	....	....	....	....	....	1

These figures demonstrate once again the importance of prematurity and congenital malformations as a cause of infant death. Prematurity accounts for 46% of neo-natal deaths and 26% of all infant deaths. Congenital malformations, together with congenital debility and congenital heart disease, cause 20% of neo-natal deaths and 31% of all infant deaths.

## MATERNAL MORTALITY

There were 3 maternal deaths during the year, and, as there was a total of 7,810 registered births, the rate was 0.38 per thousand. This is the lowest maternal death rate ever recorded in the County, the previous lowest record being in 1947 when the rate was 0.9 per thousand. The rate in the previous year was 2.00 per thousand.

Two of the deaths occurred in hospital and the third took place at home after discharge from hospital. Of the former two, death was due in one case to convulsions arising out of the administration of an anaesthetic, and the other was caused by fulminating eclampsia. Both of these cases can be classed as acute and unforeseen emergencies. The mother who died at home after discharge from hospital was a notified case of pulmonary tuberculosis. She had suffered from haemoptysis during her confinement, and was to be admitted to sanatorium at the end of the puerperium.

### Ante-Natal Clinics

There were 30 ante-natal clinics in operation at the end of the year, and no change was made in the arrangements for medical attendance. The medical practitioners practising in the area attend at the majority of the ante-natal clinics. The remainder are attended by Assistant Maternity and Child Welfare Officers. Wherever it is possible, local medical practitioners are given the opportunity of attending their own patients at the clinics. In areas where they do not, every endeavour is made, usually with success, to maintain liaison between the Medical Officer in attendance, the medical practitioners, the health visitors and midwives. At two centres in the County, clinics are operated by the Medical Superintendent of Dilston Hall Maternity Hospital for hospital patients, and medical practitioners may refer ante-natal cases to him for consultation. At one other clinic attendance is provided by the Resident Medical Officer of the Mona Taylor Maternity Home. By these means and also by the fact that hospital patients are referred to the clinics for routine ante-natal care, co-operation is maintained between the hospital, general practitioner and local health authority services. It is hoped that this co-operation will be further extended,



The success of these measures is reflected in the returns of attendances at the centres, which continue to increase. In 1949 a total of 6,131 expectant mothers made 22,207 attendances. Of these, 5,522 attended during the year for the first time. In the previous year 5,639 expectant mothers made 20,826 attendances.

The health visitors and midwives continued to take specimens of blood for routine testing from each new patient attending the clinic. Sterilised maternity outfits were also supplied from the clinics, or from the district midwife where the clinic was not readily accessible.

### **Post-Natal Clinics**

There were 6 post-natal clinics in operation at the end of the year, and, in addition, post-natal examinations were carried out at the ante-natal clinics. At both types of clinics 1,273 patients made 1,347 attendances, which is a slight improvement on the previous year, when 960 patients made 1,210 attendances. There is much educational work still to be done in this sphere.

Married women who require advice on family planning are referred to the Women's Welfare Clinics at Ashington, Blyth and Newcastle upon Tyne, where advice is also given on minor gynaecological conditions. The County Council pays an annual grant to each of these Clinics.

### **Child Welfare Centres**

At the end of 1949 there was a total of 82 Child Welfare Centres in operation in the County. New Centres were opened during the year at Berwick North, Brunton Park, Greenhead, Longframlington, Longhorsley, Lowick, Netherton Moor and Otterburn. Medical attendance was provided at four of these Centres by Assistant County or Area Medical Officers and at the others by medical practitioners or part-time Medical Officers. The Centre at Netherton Moor is noteworthy for the fact that it is operated in the County Council's own premises. Netherton Moor is a Housing Estate which has been established in a former Army Camp. The hut which had been used as a Sick Bay was allocated to the County Council for conversion into a Child Welfare Centre and has proved very suitable for the purpose.

New premises were also provided at Westerhope during the year. The Centre was established in a building owned by Newburn Urban District Council, the first floor of which is used as a library. The ground floor was adapted as a Child Welfare Centre and has proved very successful, the mothers much appreciating the new surroundings.

Attention has already been drawn to the difficulty of operating Child Welfare Centres in premises which are unsuitable for the purpose and every endeavour is being made to provide more suitable accommodation. Unfortunately, none of the new Centres on the Council's building programme was proceeded with during the year, although they are all urgently required.

During the year the scheme to provide standardised equipment at all the Centres throughout the County was begun. At the beginning of the war, there were only 40 Centres in the County area, excluding the then autonomous areas, and the equipment even at that time was badly in need of replacement. During the ensuing years replacements were impossible, and the many new Centres which were established were equipped in a very meagre fashion. The development plan included provision for the additions and replacements which were thought to be necessary, and this is the scheme which was begun during 1949. Under present circumstances, it would appear that the majority of the Centres will continue to function in Church and Village Halls for some time to come, and the provision of attractive equipment is one method by which they can be made more acceptable to the mothers.

The Health Visiting Staff was increased so that it became possible to provide additional sessions. These were mainly devoted to Toddlers' Clinics, as this branch of the service, which was rather neglected during the shortage of staff, is now being developed. Educational displays at the Centres is another aspect of the work to which more attention is being devoted.

The number of sessions held was 4,811, and a total of 18,549 children made 117,165 attendances.

The distribution of infant foods and vitamins for the Ministry of Food was continued at the Centres. Other

brands of dried milk and dietetic supplements were available on the recommendation of the medical officer in attendance. The clerical duties in connection with this work, which are considerable, are carried out by the Centre Clerks. Every endeavour is made, however, to reduce the sale of dried milk and other products to a minimum, as there is a tendency in some quarters to regard the Centres merely as depots for these activities and to ignore the medical supervision and educational work which are the real objects of the Child Welfare Service.

### Ultra-Violet Light Clinics

There were 12 ultra violet light clinics in operation at the end of the year. The attendance of trained physiotherapists at four of these clinics was continued, and it is hoped ultimately to staff them all in this manner.

### Immunisation of Pre-School Children

The immunisation of pre-school children was continued at the Child Welfare Centres during the year. Special sessions were held at all the larger Centres. There is also an arrangement whereby immunisation may be carried out by the private practitioner.

The number of pre-school children immunised during the year was as follows :—

Immunisation against diphtheria only	.....	.....	5,079
Combined diphtheria and pertussis	.....	.....	1,377
			<hr/>
TOTAL	.....	.....	6,456
			<hr/>
Immunisation against pertussis only	.....	.....	379

### Day Nurseries

The day nurseries at Alnwick and Prudhoe continued to operate successfully during the year. There are 40 places in each nursery, all of which were constantly filled, and a waiting list maintained for new admissions. The health of the children was good. The usual seasonal diseases occurred, but there were no



major epidemics. It was not possible to obtain the services of a nursery teacher at Alnwick, except for a short period in the summer months. The Matron at Prudhoe resigned on marriage and was succeeded by Miss Gibson, the Deputy Matron.

The nurseries at Wallsend and Willington Quay, which are under the control of Wallsend Area Health Sub-Committee, also worked to capacity during the year.

### **Orthopaedic Scheme for Pre-School Children**

I am indebted to the late Mr. Donald Brown, M.S., F.R.C.S., Orthopaedic Surgeon, for the following short report on his consultations at clinics established throughout the County :—

During the year there was a gradual increase in the number of pre-school children referred to the Clinics either from the Child Welfare Centres or the Family Doctors.

The conditions for which children were referred included : knock knees, flat feet, minor deformities of the toes, torticollis, scoliosis, club feet and others.

In many of these conditions the whole success of treatment depends on getting the children for treatment at an early age, and we have had the co-operation of the Family and School Doctors and the Health Visitors in this respect.

I would draw attention to the method in which the club feet have been treated by the Physiotherapists, particularly Miss A. M. Rogers. She is very skilled in this difficult procedure and has made many visits to the homes of babies and the results have reflected this conscientious work.

It is hoped that we will continue to get more children in the pre-school period as the results will improve correspondingly.

### HEALTH VISITING SERVICE

The staffing position continued to improve throughout the year. Thirteen full-time Health Visitors, one part-time Health Visitor, one Tuberculosis Visitor and two School Nurses were appointed. Four Health Visitors, one Tuberculosis Visitor and one School Nurse resigned and three Health Visitors retired.

At the end of the year, the staff complement was one Superintendent Health Visitor, one Deputy Superintendent Health Visitor, sixty-seven full-time Health Visitors, one part-time Health Visitor and five School Nurses, all existing vacancies having been filled. We were greatly indebted to the Alnwick Urban District Housing Authority whose allocation of a house greatly relieved the staffing problem in this area which had, for some years, been understaffed, due to lack of suitable accommodation.

The establishment was increased by ten and, in view of this, ten students were accepted for training under the Council's grant aided scheme. As the number of places allocated under existing arrangements for the training of Health Visitor Students was inadequate, it was necessary to seek places for three students in other Training Schools. Two were accepted by the University of Bristol and one by Battersea Polytechnic, London.

It has been considered for some time that experience in County work should be included in the Health Visitor's training and, after consultation with the Newcastle upon Tyne Training Authority, it was agreed to provide the necessary facilities in Northumberland. In consequence, all students training in Newcastle during the year under review received lectures and practical instruction in County work. We are indebted to the Health Visitors concerned for their co-operation and able assistance in this scheme.

The number of registered live births was 7,618. Visits to pre-school children included 7,812 first visits, 30,624 re-visits to infants and 71,748 visits to children 1-5 years. The importance of home visiting cannot be over-estimated and it is gratifying to note that the increase in staff has enabled the Health Visitors to maintain a more frequent contact with the families in their homes.

The decision to employ State Registered Nurses as part-time clinic assistants to undertake routine work was implemented

in the larger centres allowing Health Visitors to devote more time to educational work. It has been interesting to note that the talks and demonstrations were received with enthusiasm on the part of the mothers attending the centres.

Four staff conferences were held, two in County Hall, one at Wooley Sanatorium, Hexham, and one at the Health Centre, Wallsend. The latter was combined with an interesting exhibition of Health Education demonstration material prepared by the Health Visitors. This included model garments, posters, models, etc., which were of a high standard. Dr. Wollaston gave an interesting and instructive talk to the Health Visitors on the occasion of their visit to Wooley Sanatorium. A previous conference was addressed by Mr. L. Armstrong, 'Authorised Officer.

Eight Health Visitors attended a Post Graduate Conference of two weeks' duration at the Royal College of Nursing, London. This course covered a wide field and was much appreciated in view of the extended duties to be undertaken by this service.

### Adoption of Children

The health visitors continued to exercise supervision over children awaiting adoption and placed with the adoptors for a probationary period.

The number of children dealt with were as follows :—

Children adopted through Registered Adoption Societies....	28
Children adopted third party arrangement, Moral Welfare Association, etc. ....	20
Children adopted by private arrangement ....	34
Foster children adopted ....	4
Children under supervision awaiting adoption at the end of the year ....	16

These numbers include children who are supervised under the section of the Adoption of Children (Regulation) Act, 1939, dealing with the Protection of Adopted Children by Welfare Authorities.

### Child Life Protection

Child life protection visiting continued to be included in the health visitors' duties during the year. The cases dealt with were as follows :—

Number of cases under supervision during the year ....	34
Number of cases under supervision at the end of the year....	21
Number of visits paid by health visitors ....	148



## MIDWIFERY AND HOME NURSING SERVICE

At the beginning of the year negotiations were well advanced for the acquisition of property, furnishings, cars and nursing equipment, which for the most part, were being purchased from the County and District Nursing Associations in accordance with valuations agreed by the District Valuer. Of the twelve properties to be purchased, only four of the conveyances remained to be completed at the end of the year and all individual Nursing Associations had received payment for the transfer of the furnishings to the County Council. Several Associations gave their Nurses Homes and contents to the Council and were warmly thanked for their generosity.

During the year Care Committees were formed in most of the districts throughout the County and carried out some good work in the care of the sick and infirm. A conference of representatives of the various Committees held on the 26th March proved most useful and beneficial. A valuable link was established when members of the respective Area Committees were co-opted to Care Committees in their area, and in this way the Council were able to assist in those instances where no funds were available to a Care Committee wishing to provide nursing requisites for a needy case. It is hoped that Care Committees will be functioning soon in all nursing districts.

Under the Supervisor and two Assistants the 136 Domiciliary Midwives together with the relief Midwives attended 1,140 Midwifery Cases and 2,003 Maternity Cases during the year. This total of 3,143 shows a decrease of 710 on last year's figures partly due to another increase in the number of confinements in Maternity Hospitals, and partly to a fall in the birth rate. There were 8 Domiciliary Midwives in private practice and 10 Midwives employed in private nursing homes and these nurses attended a total of 14 Midwifery and 466 Maternity cases of which 262 mothers had Gas/Air Analgesia. In addition 831 mothers attended by the County Domiciliary Midwives were given Gas/Air Analgesia, an increase of 45 per cent over the previous year, due to the fact that the use of analgesia in childbirth has become widely recognised and more and more expectant mothers are booking the service. Keeping pace with the demand, midwives have been

gradually trained at the Newcastle General Hospital and at the end of the year 101 nurses were in possession of certificates and 62 Minnitt's Gas/Air Apparatus were in use. These apparatus are being supplied at the rate of about five each quarter and it is anticipated that before the end of next year every midwife will have undertaken a gas/air course and will have an apparatus available in the district for her use.

On the Home Nursing side, in the populous districts of Wallsend, Gosforth, Ashington, Whitley Bay and Willington Quay the need for general nurses continued and in Wallsend and Gosforth the Nurses Homes are accommodating only general nurses, the midwives in these districts working from separate Nurses Homes. For the remainder of the County the general work is carried out mainly by the District Nurse Midwives and Village Nurse Midwives. With the gradual extension of the new housing estate at Longbenton it became necessary to appoint a General Nurse in March to work in this area. The following month the Bedlingtonshire Urban District Council provided housing accommodation for a large number of people in Hartford Camp and allocated one of the huts as a clinic, part of which was equipped as a surgery for the use of one of the Bedlington District Nurses serving the camp. The 12 General Nurses, who are State Registered and/or State Enrolled Assistant Nurses together with the Nurse Midwives doing combined duties attended 4,982 Surgical and 5,755 Medical Cases, the total of 10,737 being comparable with the number of cases in the previous year.

Two staff conferences were held, and leave of absence was granted to members of the staff to attend Post-Graduate Courses organised by the Royal College of Midwives.

For the first six months of the year, the training of midwives continued at the Princess Mary, Willington Quay and Plaistow Maternity Hospitals and also at the Royal Institution, Derby, but it was seen that pupils were still failing to complete their training or breaking their contract term of work on the Domiciliary staff. Training fees and salaries greatly increased and it was considered that the expense incurred no longer merited the continuance of the training scheme especially as vacancies occurring on the permanent staff were being filled without trouble through



advertising. In these circumstances training facilities for new pupils were temporarily suspended although it was agreed to allow existing pupils in the various institutions to complete their courses.

Careful attention was again paid to improving the Nurses Homes, and new furnishings were supplied to supplement those purchased from the District Nursing Associations. It was pleasing to note that several of the Care Committees also provided furnishings for Nurses Homes and their gesture was warmly appreciated by the District Nurses concerned. There are 95 telephones in the Nurses Homes for which the Council are responsible and an additional 6 which have been installed by tenants of properties accommodating nurses. Upon completion of the outstanding conveyances, 17 of the Nurses Homes will be owned by this Authority, besides the 42 which are rented, and 13 of all these houses are furnished by Nurses themselves. Two of the rented properties at Harbottle and Branton are in a very poor condition and as there were no prospects of obtaining any alternative accommodation, plans were prepared for the erection of a new Nurses Home in each district. Of the other Nurses Homes which are rented, Ford and Cornhill are leased purely on a nominal rental basis and in the latter instance the furnishings are loaned to the Council as is the case at Shilbottle also. In accordance with the wishes of the local council, the arrangements in force prior to 5th July 1948 at Lemington have been continued and the two nurses are still being provided with full board in the Nurses Home by another tenant who pays half the rent. At Berwick and Warkworth the houses are leased to the Council by the Care Committees on a furnished rental basis. Early in the year, new furnishings were provided for the pre-fabricated house allocated to the Ponteland District Nurse at the end of 1948 by the Castle Ward Rural District Council, and the Ponteland Care Committee did much to make the home as comfortable as it is now. In June, the Blyth Borough Council also allocated to the Bebside Nurse a new Council house fitted with surgery arrangements, and by the beginning of the following month the house was completely furnished for the nurse to take up residence. The Newburn nurse too, has the tenancy of the house at 17 Manor Avenue, which is required by the owner and alternative accommodation is being sought in the district. Following her marriage,



the nurse at Humshaugh elected to reside with her husband in their own home, in consequence of which the Nurses' Home at Lincoln Hill, Humshaugh has been temporarily sub-let. Towards the end of July the Ashington nurses were re-housed at "Ashleigh," Woodhorn Road, Ashington, a large comfortable house purchased by the County Council for this purpose and a great deal of new furniture was obtained to re-equip the new Home. It was not possible to negotiate successfully with the District Nursing Associations at Cramlington and Shankhouse in connection with the transfer of the furnishings and in both these districts the tenancy of the houses is still held by the Association, the rent being paid by the nurses in each instance.

In addition to all the above arrangements 26 Nurses reside in their own homes and 7 others are lodging in districts where no Nurses Homes exist at present. Representations regarding the difficult housing situation prevailing in these districts were made to local councils who promised to assist where possible.

Since the transfer of the nursing services, the Willington Quay Domiciliary Nurses have continued to live in the Maternity Hospital and in July of this year the Council agreed to pay to the South-East Northumberland Hospital Management Committee a fixed charge for board and lodgings in respect of the District Nurses and Midwives and also the remaining Pupil Midwives.

During 1948, it was extremely difficult to obtain new cars for the service but a great improvement was made in the position when in March 1949 the Ministry of Health announced that agreement had been reached whereby delivery of cars urgently required for Domiciliary midwives would be speeded up. Orders were placed for 15 new Ford Anglia 8 h.p. Saloon Cars and by the end of the year 10 of these had been delivered and were being used in the service which now operates 56 County Cars. Eight nurses used their own cars during the course of their duties and received an allowance in accordance with the County scale.

## DENTAL SERVICE

It is disappointing to report that it was impossible to expand and develop the service for the priority classes of expectant and nursing mothers and young children required under Section 22 of the National Health Service Act, 1946, owing to continued shortage of dental officers. One surgery at Ashington had to be closed in the early part of the year and plans for opening new dental clinics were shelved pending solution of the staffing problem. In an effort to overcome these difficulties, dental officers were transferred from their normal areas to hold weekly sessions for mothers and young children in other areas where treatment was not available so that the service could be maintained as nearly as possible on the same level as in the previous year.

In September the Deputy Senior Dental Officer of the Ministry of Health, visited the County's Maternity and Child Welfare dental clinics and recommended that it was desirable to increase the amount of conservative treatment given, especially for the younger expectant mothers, and that those under the age of 25 years attending the ante-natal clinics, should be referred as a matter of routine to the dental officer for examination and such treatment as may be required. All doctors attending ante-natal clinics were asked to co-operate in this matter. It is gratifying to note that there has been a marked increase in the conservative work carried out for mothers and young children over the past five years, though it is appreciated that very much more remains to be done. This increase is shown on the accompanying graph.

Greater demands than ever were made upon the dental service and this has been most noticeable in the number of pre-school children attending for treatment. During the year 1,362 children attended on 2,055 occasions and of this number 1,235 were made dentally fit ; the remainder having to return for further treatment later. This compares with 723 treated in the previous year.

In the case of the adult patients there was an increase in the number of teeth which were saved by fillings (1,042 compared with 782 in the previous year) and a slight falling off in the number of dentures which had to be provided (808 compared with 817 in 1948). This is a great step in the right direction.

Much greater use has been made of the gas and oxygen anaesthetic apparatus during the past few years for the extraction of difficult teeth. This marked increase is illustrated in the accompanying table. Of the 977 general anaesthetics administered during the year 701 were administered by the dental officers, using gas and oxygen apparatus, and 276 were administered by general medical practitioners for cases of special urgency.

#### GENERAL ANAESTHETICS

Year	Expectant and Nursing Mothers	Pre-School Children	Total
1945	42	91	133
1946	106	174	280
1947	175	183	358
1948	208	397	605
1949	154	823	977

#### Dental Laboratory

In the early part of the year, as a result of the National Health Service, the demand made on dental firms for artificial teeth of all kinds was so great that there was a severe shortage. As a result of this, experiments were carried out in the laboratory and a satisfactory technique established for making plastic teeth on the premises. This also resulted in a considerable saving as teeth could be produced in the laboratory at a much lower cost.

808 dentures were provided for expectant and nursing mothers and 119 dentures were repaired. The corresponding figures for 1948 were 817 dentures provided and 123 repaired.

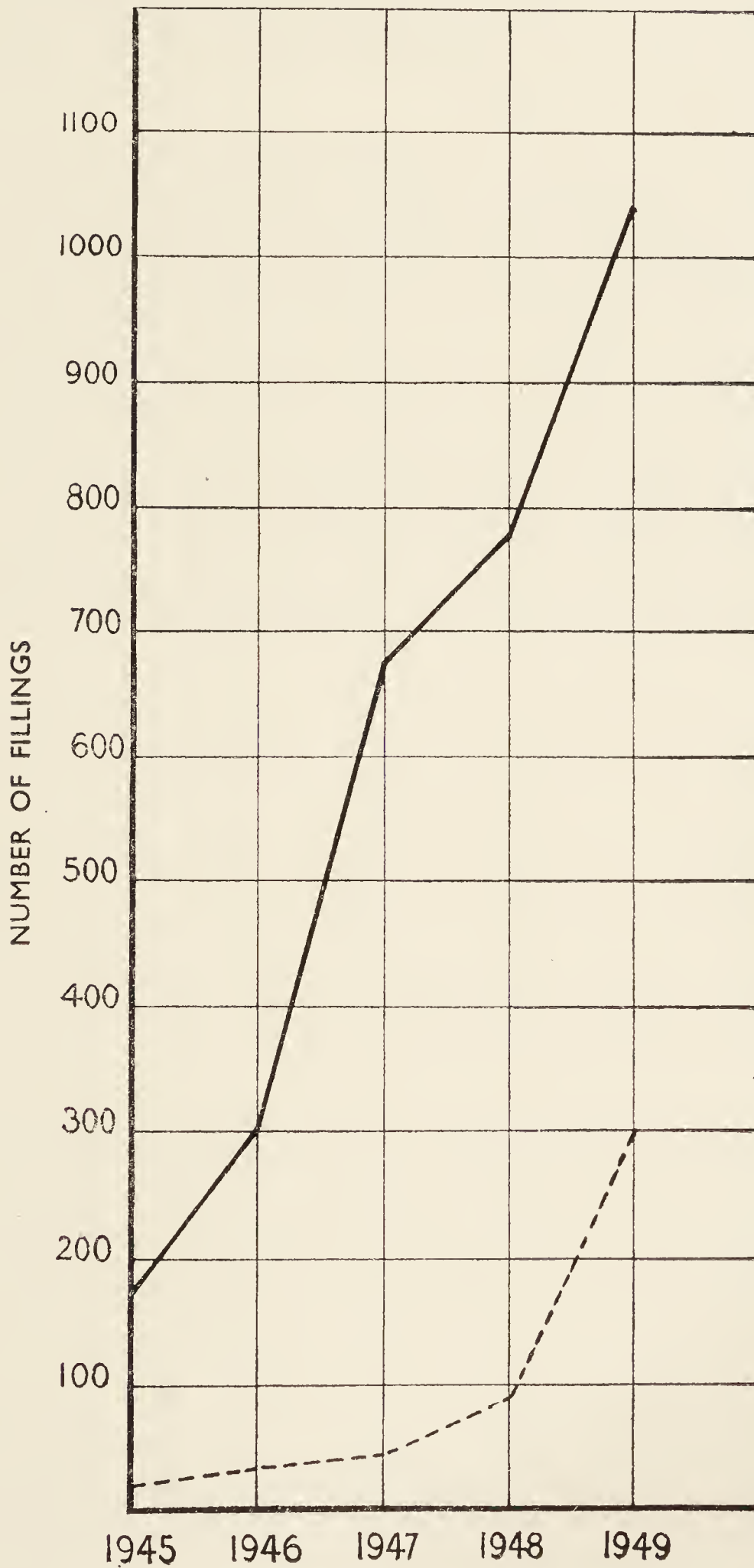
#### Dental Health Education

The colour film of the County's dental service was shown to various organisations and at Child Welfare Centres together with other films obtained from the Central Film Library and the Dental Board of the United Kingdom. Posters were displayed and leaflets on dental hygiene were made available for distribution at the various dental clinics. It is intended to develop this service so far as time and opportunity permit.



GRAPH SHOWING INCREASE IN CONSERVATIVE  
DENTAL TREATMENT—YEARS 1945 to 1949

EXPECTANT & NURSING MOTHERS ———  
PRE-SCHOOL CHILDREN - - -



## Equipment

The portable X-Ray unit and the machine at Wallsend again provided invaluable service and in July a new machine was installed at Blyth. 41 radiographs were taken for 32 mothers and 5 pre-school children.

Since the end of the war numerous alterations and adaptations have been carried out in the dental clinics throughout the County and the standard of the equipment has also been greatly improved. These improvements have been greatly appreciated by patient and dentist alike. Much, however, could still be done to brighten up the waiting rooms. It is here that many of the children under five and some of the young mothers make their first contact with dental surgery and they are in most cases apprehensive. To have to wait in a drab and dismal room before their supposed ordeal does nothing to reduce their fear. On the other hand a bright and cheerful waiting room reasonably furnished can do a lot to make these very important first impressions much happier.

## IMMUNISATION AND VACCINATION

The arrangements for immunisation and vaccination are made under Section 26 of the National Health Service Act and the County Council is now responsible for the work throughout its administrative area.

Diphtheria immunisation was well maintained during the year, though the number completing their primary course of injections was less than in the previous year. The arrangements were made by the Area Sub-Committees and the results are shown in the following table :—

Sub Committee Area	Number of children who completed a full course of immunisation (including temporary residents)			Total number of children who were given a secondary or re-inforcing injection ( <i>i.e.</i> subsequent to complete full course)
	Age at final injection		TOTAL	
	Under 5 yrs.	Years 5-14 (inc.)		
North No. 1 ....	315	6	321	132
North No. 2 ....	332	8	340	174
Central ....	800	597	1,397	1,397
East ....	844	300	1,144	2,177
South ....	854	75	929	1,043
South East ....	851	677	1,528	1,225
Wallsend ....	645	84	729	467
West ....	438	53	491	290
	5,079	1,800	6,879	6,905

Records indicate that 72,434 children under the age of 15 years were known to have completed a full course of immunisation at any time up to the end of the year. The total child population was estimated to be 96,710, so that 75% of these children had been immunised—56% of the pre-school children and 87% of the school children.

While no particular pressure has been brought to bear to increase the extent of immunisation against whooping cough during the year, there has been a steady increase in the desire



of parents for this protection. The value of prophylaxis with the pertussis vaccines at present available is by no means conclusively proved, but it was felt proper to make this form of protection available to children whose parents demanded it. That this demand was quite extensive is shown by the fact that 1,841 children were inoculated during the year. The following table shows their distribution throughout the County :—

Sub-Committee Area	Age at Date of Final Injection			TOTAL
	Under 1 year	1-4 years	5-14 years	
North No. 1 ....	5	6	5	16
North No. 2 ....	1	7	2	10
Central ....	30	423	1	454
East ....	17	145	11	173
South ....	4	254	14	272
South-East ....	30	306	46	382
Wallsend ....	164	332	2	498
West ....	7	25	4	36
TOTAL ....	258	1,498	85	1,841

Vaccination against smallpox has not been compulsory since the passing of the National Health Service Act and is now available on the same basis as protection against other diseases. It is known that there is not a high proportion of the population adequately vaccinated at the present time, though the success in preventing a spread of recent outbreaks of smallpox makes this less a matter for anxiety than it appeared at one time. The total number of vaccinations carried out during the year was 1,426, which is less than the number of children protected against whooping cough.

Ten years previously, in 1939, when compulsion was in force, there were 1,464 vaccinations and in 1940 there were 1,608 persons protected. These are the last figures relating to vaccination published in this report. It seems that the introduction of the voluntary principle into vaccination against smallpox has not materially reduced the extent to which the community is protected.

The details of vaccinations were as follows :—

Age at 31st December, 1949	NUMBER VACCINATED					NUMBER RE-VACCINATED				
	Under 1 yr.	1-4 yrs.	5-14 yrs.	15 or over	TOTAL	Under 1 yr.	1-4 yrs.	5-14 yrs.	15 or over	TOTAL
BORN IN YEAR	1949	1945 to 1948	1935 to 1944	before 1935		1949	1945 to 1948	1935 to 1944	before 1935	
North No. 1 ....	169	56	—	2	227	—	1	11	17	29
North No. 2 ....	67	52	2	2	123	—	1	1	19	21
Central ....	50	31	2	6	89	1	4	2	28	35
East.... ....	34	30	2	12	78	3	2	—	19	24
South ....	103	71	13	20	207	—	—	7	45	52
South East ....	117	146	51	48	362	—	2	1	65	68
Wallsend....	111	62	6	9	188	—	1	3	19	23
West ....	108	31	—	13	152	4	2	8	23	37
TOTALS ....	759	479	76	112	1426	8	13	33	235	289

## REGISTRATION OF NURSING HOMES

The four private maternity homes and four nursing homes for general cases registered in the County were visited and inspected by members of the medical and nursing staff of the Health Department.

## AMBULANCE SERVICE

During 1949 the Service carried patients a distance of more than one million miles, nearly 70% in vehicles directly owned by the Council.

In the light of experience gained during the early stages of the County Ambulance Service, it was decided to concentrate existing vehicles and rearrange depots to produce the maximum degree of efficiency. At the request of the agents, agreements with the remaining Miners' Welfare Associations were terminated and vehicles purchased after valuation, while an agreement with the British Red Cross Society and St. John Ambulance Brigade for payment on a mileage basis was concluded in July for vehicles stationed in Seahouses, Wooler, Hexham, Corbridge, Bellingham and Haltwhistle.

The final result of these rearrangements was that the whole of the County was covered from 17 directly manned stations, 6 stations manned by the British Red Cross Society and St. John Ambulance Brigade and 3 stations manned by agents at commercial garages at Rothbury, Ponteland and Kirkhaugh and Knaresdale. This can be compared with 36 stations which were being manned in July, 1948.

Good progress was made in the replacement of ambulances over ten years old and during the year delivery of 18 new ambulances, 6 small utilicon ambulances and sitting case cars and 1 car was obtained. It was possible to supply each station with at least one new vehicle distinguished by its ivory white colour and County crest in red and gold. Old vehicles were kept on the road by careful maintenance and repairs carried out mainly at the Council Repair Shops at Longbenton and, when it was considered economically sound, these ambulances were also painted in the correct colours. By the end of the year, 60 ambulances and cars were in use daily in the direct service and agents under contract ran 11 vehicles, so that there was a net increase of 23 vehicles since the end of 1948.

As a result of this building up of the strength of the fleet, it was necessary to increase the number of drivers and the Council



authorised an increase of 14 in the establishment. In December, 1949, 81 drivers were employed by the Council and a dark blue uniform with overcoat and cap was provided for each.

The system of calling out ambulances by telephone was simplified during the year and, as more villages were able to use the '999' emergency call, so did the efficiency of the service improve. It is well to be able to report that there were no major incidents in the County which necessitated a great number of vehicles being called out, but, for such an eventuality, a system has been completed in conjunction with the Chief Constable.

The housing of the increased number of vehicles caused difficulty in certain areas and some progress was made towards the construction of new depots at Ashington, Seaton Delaval, Wideopen and Wallsend and of the purchase of a garage in Blyth. It is hoped that some of these buildings will be erected during the next financial year.

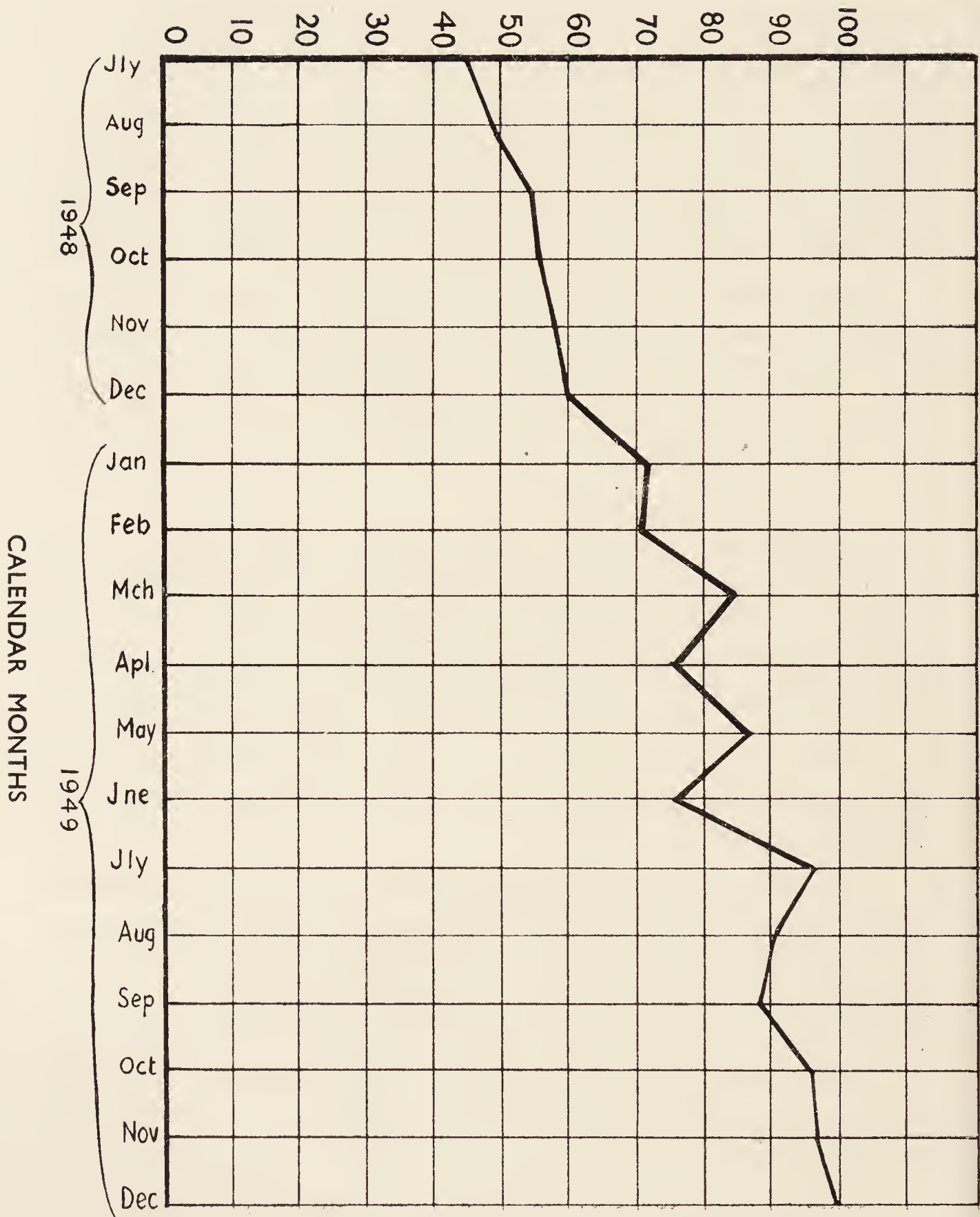
Considerable assistance was given in rural districts by the Hospital Car Service organised by the British Red Cross Society and Women's Voluntary Services and during the year 116,576 miles were travelled in carrying 3,187 patients to and from hospital. As the Ambulance Service was expanded in the urban areas, it was felt that unnecessary duplication of journeys was taking place and it was decided to discontinue the use of these private cars throughout most of the East, South East, South and Wallsend Areas.

As the year closed, the Amendment Act of the National Health Service Act became law and certain changes were made in the financial responsibility for the carriage of patients out of hospitals in areas outside the County. Preliminary meetings were held with Newcastle Corporation as the chief problem concerned was the enormous number of patients travelling daily out of the Royal Victoria Infirmary and other hospitals in the City.

It will be seen from Table 21 that the total number of patients carried in the last quarter was 21,724 compared with 13,538 in the same period last year. The increase has been almost entirely in sitting cases and efforts have been made during the year to ensure that only persons not able to use public transport were authorised

## AMBULANCE SERVICE

TOTAL MILEAGE IN THOUSANDS



by their doctors to travel in ambulances and cars. In one area 432 patients needed ambulance transport in July, 1948, and 1,230 patients were carried in December, 1949. This threefold increase suggests either many more visits to hospital by each patient or some change in the attitude of patients as regards bus and train travel in the past 18 months. It is equally obvious from the accompanying graph that the ceiling has not yet been reached and it seems probable that a monthly mileage of 120,000 will be recorded. This must influence the future policy of the Council as regards replacement of vehicles, for it is certain that under these strenuous conditions an ambulance will not last more than 3 or 4 years.

### HOME HELP SERVICE

A considerable demand has been made by all classes of sick people, including the aged, on the Home Help Service. Area Executive Medical Officers have succeeded in establishing a keen staff of willing workers who are prepared to move from house to house with only the shortest notice to prevent a domestic crisis. During the year, the number of new cases provided with Home Helps increased from 129 during January to 163 during the last month of 1949.

The total number of homes helped during the year was 1,613 as compared with 712 in 1948.

19 Permanent Home Helps were employed during most of the year and the number of women who were available for part-time work rose to the high record of 329.

Approximately twenty-seven per cent of the total were required for homes in which there had been a recent confinement. Endeavour was made to keep full-time assistance for 14 days in such cases, so that the mother could spend the greater part of her time attending to her baby and could have a rest before resuming her domestic responsibilities.



The sick aged, crippled and blind are a special problem with which the various Area Health Sub-Committees have had to deal throughout the year. These patients, if they are to have any domestic assistance, will require it for the rest of their lives and therefore Home Helps visiting such homes become tied down for long periods and cannot be moved to emergency cases at will. To ensure an adequate check on these chronically ill persons, the Area Health Committee has considered each case after a period of two months to determine whether the amount of help given could be reduced or not. It is thought that many more old people will require a small amount of domestic assistance daily as the housing supply improves and more young families obtain homes of their own. The provision of such help to the old and to the chronic sick should do much to help in the present shortage of hospital beds for the more chronic type of case and also ease the amount of accommodation required to be provided for those needing care and attention according to the National Assistance Act.

It seems quite clear, therefore, that considerable further recruitment of part-time workers will be required, especially in the more rural parts of the County where public transport is inconvenient, and that the financial ceiling of expense cannot be estimated as 1949 ends.

Recruitment can be assisted by ensuring satisfactory working conditions for Home Helps and, with this object in mind, Area Health Sub-Committees have called regular meetings of staff at which instructive and helpful discussions have taken place.

## **MENTAL HEALTH SERVICES**

The functions of the Council relating to the Mental Health Services were delegated to the Mental Health Sub-Committee of the Health Committee in July 1948. The Sub-Committee consists of eleven members and meetings are held at the County Hall, Newcastle upon Tyne, at intervals of approximately six weeks when they receive and consider reports upon the service generally and also regarding individual cases. Recommendations are made to the Health Committee on questions of policy and the development of new services. Four members of the clerical staff in the Health Department are employed in connection with the Mental Health Service but they also have other duties to perform. Six Duly Authorised Officers were appointed by the Council in July 1948 to cover the administrative County of Northumberland and they are stationed at the following Centres :—Berwick upon Tweed, Alnwick, Ashington, Blyth, Newcastle and Hexham.

### **Work by Voluntary Associations**

An arrangement was made during the year with the National Association for Mental Health for the joint use of their Social Workers in connection with an "After-Care" scheme for psychotics and neurotics who might not require in-patient treatment.

### **Lunacy and Mental Treatment Acts, 1890 to 1930**

The six Duly Authorised Officers are responsible for initiating proceedings for the care and treatment of persons suffering from mental illness either in mental hospitals or designated hospitals. These officers have other duties to perform in connection with the welfare of mental defectives under statutory supervision, and investigations on behalf of the County Welfare Committee concerning persons making application for admission into County residential establishments in accordance with Part III of the National Assistance Act, 1948. Two of the officers also act as Registrars of births, marriages and deaths, which appointments they held previous to the inception of the National Health Service Act, 1946. During the year they carried out their responsible duties very satisfactorily. Two of the officers attended a three weeks' course of instruction at King's College, Newcastle, arranged by the

University of Durham. Only one of the six Duly Authorised Officers has not yet had an opportunity to attend a specialised course.

A summary of the work performed by the Authorised Officers is shown in Table 24.

### **Mental Deficiency Acts, 1913 to 1938**

Ascertainment figures continue to increase year by year, the majority of new cases being notified in accordance with the provisions of section 57(3) and 57(5) of the Education Act, 1944. The question of obtaining institutional accommodation for all classes of mental defectives is becoming more serious each year owing to the increasing shortage of beds caused by the long absence of building operations. Every effort was made through the Regional Hospital Board and the various certified institutions in the region to obtain vacancies for the most urgent cases but, unfortunately, little success was achieved during the year. It was impossible to obtain accommodation for mental defectives brought before the Police Courts charged with criminal offences and in some instances the offender had to be sent to prison pending accommodation being obtained in certified institutions. Particulars of cases dealt with during the year, and those on the waiting list for admission, are shown in Tables 25.

Arrangements were made during the year with the Board of Control for the discharge of Orders in respect of 133 mental defectives (62 males and 71 females) who had previously been admitted into guardianship, primarily for the purpose of affording financial assistance, and where the local health authority was satisfied that the needs of the case could be met by supervision. The financial responsibility was thereby transferred to the National Assistance Board but there still remained seven cases under guardianship at the end of the year.

The number of cases under statutory supervision, as shown in Table 25 increases year by year, especially when it is so very difficult to obtain institutional accommodation.



### **Training and Occupation Centres**

It has not yet been possible to arrange the training of cases under supervision in their own homes but suitable premises at Wallsend were secured for the purpose of establishing an Occupation Centre, which would be opened during the early part of 1950 for the training of approximately 30 mental defectives of varying grades. It is hoped eventually to establish more centres in other parts of the County when suitable premises can be obtained.

By arrangement with the management Committee of Northgate & District Hospital, the supervision of patients on licence from the hospital is carried out by the six Duly Authorised Officers whose visits are made quarterly or at less frequent intervals. Reports upon the progress of all such patients are submitted to the Management Committee and a payment is made to the Council.

## MILK

The sampling of milk for bacteriological examination was carried on during the year, and the results of the examinations are shown in the following tables:—

### EXAMINATION OF MILK FOR TUBERCULOSIS (BIOLOGICAL TEST)

Number of positive results	....	....	....	....	14
Number of herds examined	....	....	....	....	14
Cases completed by the slaughter of one or more cows	....	....	....	....	13
(Number of cows slaughtered—16)					
Cows disposed of before investigation, presumed to be affected animals	....	....	....	....	1

### EXAMINATION OF MILK FOR CLEANLINESS (METHYLENE BLUE TEST)

	Tuberculin Tested	Tuberculin Tested	Pasteur- ised	Accredited	Others	Total
	Pasteur- ised					
Tested	.... 11	472	83	173	212	951
Failed	.... —	107	1	55	54	217

218 School Milks are included in these figures of which 40 samples were unsatisfactory.

### Milk (Special Designations) Regulations, 1936-1946.

This section of the report only covers the first nine months of the year as the Food and Drugs (Milk and Dairies) Act, 1944, came into operation on the appointed day, namely 1st October, 1949.

There was an increase in the number of tuberculin tested dairy herds and by the end of September 43 more T.T. licences were issued than in 1948. A total of 214 such licences were issued as compared with 24 in 1939, the number of licences issued to produce accredited milk being 83, a drop of 116 as compared with 199 in 1939.

The number of designated licences issued and the record of inspections was made up as follows:—

	Licences in force at 30th September, 1949
Tuberculin Tested (Certified) ....	55, an increase of 6
Tuberculin Tested (Bulk) ....	159, an increase of 37
Accredited ....	83, a decrease of 8

The number of herds for which a licence of attestation was issued by the Ministry of Agriculture and Fisheries and tuberculin tested licences issued by the County Council up to the 30th September were as follows:—

Tuberculin Tested only	....	....	49	} Total Tuberculin Tested .... 214 Total attested 306
Attested and tuberculin tested	....	165		
Attested, not tuberculin tested	....	141		

The total number of visits made to dairy farms up to the end of September was 905.

There has been a progressive increase of designated milk produced within the County as revealed by the above figures, and a considerable proportion of the milk produced is now from tuberculin tested animals.

### **The Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949.**

Under the above Regulations the County Council became the licensing authority as from the 1st October, 1949. Prior to this date, the local District Councils issued the licences and three pasteurising dairies were licensed in the County. A new application was received shortly after the 1st October in respect of a fourth establishment, for which a licence was duly granted by the County Council.

Two of the dairies have modern pasteurising plants of the H.T.S.T. Type, a third has a "holder" plant, while the remaining firm, the largest of the four, is at present operating two plants, one on each system. The two "holder" plants are both out of date and in poor condition and the firms concerned are to replace them with new H.T.S.T. equipment as soon as this can be obtained.

With the opening of the new creamery referred to above, increased supplies of pasteurised milk were made available in the south east part of the County, and it is hoped this will bring nearer the possibility of a "specified area" being set up by the Ministry of Food as provided for in the new milk legislation. Two of the dairies also hold licences for the sale of "T.T. Pasteurised" milk. There are no "Sterilized" milk plants in the administrative county. A small amount of sterilized milk sold in the industrial districts is obtained from outside the area.

Since 1st October the pasteurising dairies have been regularly inspected by the County Inspectors and milk samples taken.

NUMBER OF INSPECTIONS (3 months to 31.12.49) .... 33

NUMBER OF SAMPLES TAKEN AT DAIRIES :—

Methylene Blue Test			Phosphatase Test		
Passed	Failed	Test Void	Passed	Failed	Test Void
36	—	—	32	2	1



## WATER SUPPLIES.

Local Authorities may submit samples of water to the Public Health Laboratory at the General Hospital, Westgate Road, Newcastle upon Tyne, for bacteriological examination free of charge. A copy of the report on each sample of water examined is forwarded to my Department and a failure is followed up by a member of my staff and any necessary investigations carried out.

The more densely populated portion in the south east and east of the County is supplied by Newcastle and Gateshead Water Company; the supplies have been well maintained. From these supplies 21 samples were obtained at various points of distribution and submitted for bacteriological examination. 19 were classified as highly satisfactory, one satisfactory and one suspicious.

In the area supplied by Tynemouth Corporation, it was found necessary to issue notices warning consumers not to waste water, and for a time it was found advisable to reduce the pressure. During the year 26 samples were submitted for bacteriological examination, 23 being classified as highly satisfactory and 3 as satisfactory.

During the year a total of 540 samples of water were submitted for bacteriological examination and of these 321 were classified as highly satisfactory, 36 as satisfactory, 56 suspicious and 127 unsatisfactory.

The local Authorities who have submitted proposed schemes to the County Water and Sewerage Committee for the extension of their water services under the 1944 Act are as follows:-

BELFORD R.D.C.

Revised general water supply scheme.

BELLINGHAM R.D.C.

Water supply scheme for Kirkwhelpington.

GLENDALÉ R.D.C.

Water supply scheme for Branxton.

HALTWHISTLE R.D.C.

Water supply scheme for Slaggyford.

**HEXHAM R.D.C.**

Revised water supply scheme for Hexhamshire,  
Slaley, Corbridge, Acomb and District.

**NORHAM AND ISLANDSHIRES R.D.C.**

Water supply scheme for Holy Island from the  
mainland.

**ROTHBURY R.D.C.**

Water supply scheme for Hepple.

Water supply scheme for Alnham.

**SEWAGE DISPOSAL.**

The County Committee has approved schemes under the 1944 Act for the provision of works of sewerage and sewage disposal in Rural Districts as follows:-

**BELLINGHAM R.D.C.**

Sewerage and sewage disposal scheme for West Woodburn  
in the parish of Corsenside.

Sewerage and sewage disposal scheme for Bellingham Town.

**CASTLE WARD R.D.C.**

Sewerage and sewage disposal scheme for Stannington.

## MINISTRY OF HEALTH INQUIRIES.

The following local Public Health Inquiries have been held during the year by Ministry of Health Inspectors:-

- (a) At Cambo on the 26th January into an application by the Morpeth Rural District Council for consent to borrow the sum of £18,000 to defray the cost of works of water supply for the parishes of Cambo, Wallington Demesne, Deanham and part of the parish of Hartburn Grange.
- (b) At Alnwick on the 27th January into an application by the Alnwick Urban District Council for consent to borrow the sum of £43,200 for works of water supply for Alnwick and to provide a supply of water to several parishes to the West of Alnwick in the Rural District of Alnwick.
- (c) At Heddon-on-the-Wall on the 3rd March into an application by the Castle Ward Rural District Council for consent to borrow the sum of £50,000 for works of sewerage and sewage disposal in the parish of Heddon-on-the-Wall.
- (d) At Wallsend on the 12th April into an application by the Borough of Wallsend for consent to borrow the sum of £74,120 for works of sewerage and outfall sewer at Willington Gut.
- (e) At Stamfordham on the 27th May into an application by the Castle Ward Rural District Council for consent to borrow the sum of £27,872 for works of sewerage and sewage disposal in the parishes of Heugh and Hawkwell.
- (f) At Rothbury on the 12th July into an application by the Rothbury Rural District Council for consent to borrow the sum of £4,122 for works of water supply for the parish of Hepple.
- (g) At Longhorsley on the 4th October into an application by the Morpeth Rural District Council for consent to borrow the sum of £12,525 for works of sewerage and sewage disposal in the parishes of Bigge's Quarter, Riddell's Quarter and Freeholder's Quarter,



- (h) At Chatton on the 6th October into an application by the Glendale Rural District Council for consent to borrow the sum of £7842 for works of sewerage and sewage disposal in the parish of Chatton.
- (i) At Haltwhistle on the 7th October into an application by the Rural District Council for consent to borrow the sum of £35,983 for water supply for the parishes of Lambley, Coanwood, Plenmeller, Bellister, Featherstone, Haltwhistle, Melkridge, Henshaw and Thorngrafton.
- (j) At Newcastle on the 25th October into an application by Newcastle and Gateshead Water Company for the following purposes, viz.:-
- (1) To extend the limits of supply to the Rural District of Bellingham and so much of the Rural District of Castle Ward as is not included in the the existing limits ;
  - (2) To authorise the Company to construct waterworks, including service reservoirs, in the parishes of Harlow Hill and Ryal in the Rural District of Castle Ward, together with subsidiary works ;
  - (3) To acquire the necessary lands and thereafter to make intercepting pipes and collecting chambers at Whitridge Well in the Parish of Kirkwhelpington and at the spring South West of Stannersburn in the parish of Wellhaugh in the Rural District of Bellingham;
  - (4) To acquire the waterworks of the Rural District Councils of Bellingham and Castle Ward. The application had the support of both Bellingham and Castle Ward Rural District Councils and there was no opposition to the proposals which were estimated to cost £351,458.

## HOUSING.

The total number of houses built during the year was 2,905. The figure is 534 less than for 1948 and 989 less than the number built in 1938. Municipal Boroughs built 724, Urban District Councils 1,578 and Rural District Councils 603. The results are disappointing, but due, no doubt, to circumstances over which local authorities had no control, such as the number of houses allocated, building materials and labour available.

In assessing the progress made in housing, regard must also be had to the rate at which existing houses are wearing out. As far as can be ascertained from information submitted by District Councils, nearly 200 houses have been discontinued as dwellings during the year, many as a result of clearance orders made before the war.

In addition, increased numbers of unfit houses are continually being found. The Rural Housing Survey in progress during the last two years has so far revealed over 1,200 houses not repairable at reasonable cost and though no similar survey figures are available for the remainder of the County, ordinary routine urban inspections during 1949 brought to light over 900 unfit houses. Consideration of these figures raises the problem of how far the present rate of building is keeping pace with the yearly wastage of dwelling houses.

That the "unfit" figure of 900 quoted for the non-rural areas is by no means a complete picture is borne out by the result of the only comprehensive urban survey carried out in the County during the year, by the Borough of Berwick-upon-Tweed, where 8.7% of the total dwellings were classified as ripe for demolition.

### Rural Housing Survey.

During the year 3,976 houses were inspected and classified, as compared with 6,205 for the previous year. In two districts no houses had been inspected during the year and in one only 13 were classified. Of the other districts, satisfactory progress was being made, two having completed the survey.

Of the three districts, namely Alnwick, Norham and Island-shires and Rothbury, who had failed to make any progress, lack of staff was the cause, and the remedy would appear to be the appointment of temporary assistance to allow the survey to be carried out.

It will not be possible to estimate the number of new houses required to meet the demand and replacement in each Rural District until the survey is completed.



## FOOD AND DRUGS ACT

REPORT BY MR. C. L. ARLIDGE.

The total number of samples (viz. 2441) procured by Sampling Officers of the Weights and Measures Department during 1949, compares very favourably with totals of other post war years. The following list reveals that the number of unsatisfactory samples detected during the last year is still far too high and shows little or no diminution as compared with the immediate post war period.

Year	No. taken	No. unsatisfactory
1946	2,053	145
1947	2,288	144
1948	2,684	128
1949	2,441	140

The samples taken during 1949 may be briefly summarised as follows :-

Article	Total number analysed	Samples certified as adulterated or otherwise not complying with the Regulations
Baking Powder	18	1
B.P. official preparations and household medicaments	119	—
Butter	2	—
Cereal Products	52	1
Cheese	4	—
Coffee	33	—
Condiments Flavourings, Sauces and Pickles	74	—
Confectionery	21	1
Gelatine	17	—
Ice Cream	101	—
Jam	39	—
Lard, Cooking Fat, etc.	31	2
Margarine	4	—
Meat Products (Open and Tinned)	44	2
Milk	1,218	71
Paste (Meat or Fish)	14	—
Soft Drinks	34	—
Sausages	61	20
Sausage Meat	78	27
Soups	7	—
Spirits (Brandy, Gin, Rum and Whisky)	28	4
Sugar	15	—
Vinegar (Malt or non-brewed)	46	2
Miscellaneous (Unclassified) Samples	381	9
<b>TOTAL</b>	<b>2,441</b>	<b>140</b>

It will be noticed that by far the largest portion of sub-standard samples were milk, but whilst it is admitted that this article is more readily adulterated than any other food, it must be pointed out in fairness to the farmers and retail distributors that a high percentage of these samples failed to reach the Milk standard by reason of some abnormality in the cows. The Sale of Milk Regulations, 1939, provide that where a sample of milk contains less than 3% of milk fat or less than 8.5% of milk solids other than milk fat, it shall be presumed for the purpose of the Food and Drugs Act until the contrary is proved that the milk is not genuine. It is a well known fact that some abnormal milk falls below this standard and accordingly it is the practice of the Department to take 'Appeal to Cows' samples before the question of legal proceedings is considered. This removes any possibility of an innocent vendor being charged with selling milk below the standard when in actual fact the deficiency is due to circumstances beyond his control.

It is unfortunate that the standard of milk is a presumed and not an absolute standard of quality. The fact that milk as it comes from the cow can be deficient in its presumed fat content without legal complaint being possible is no consolation to the unfortunate purchaser who receives such milk and pays the same price as a customer who purchases milk in agreement with or above the standard.

In addition to the prosecutions shown in the appended list, cautions were sent out in respect of food and drugs which failed to reach the recognised standard of quality. Such cases were not considered serious enough to warrant legal proceedings being instituted against the sellers. In all instances in which food-stuffs were found to be mite infested, information was immediately sent to the Sanitary Inspector for the area in which the purchase was made, so that the remainder of the stock could be examined and where necessary condemned as unfit for human consumption.

**Prosecutions Instituted by the Department during 1949, in  
Respect of Offences Under the Food and Drugs Act, 1938.**

No.	Trade	Nature of offence	Result of Prosecution
1.	Butcher	Selling Beef Sausages deficient in the meat content.	Fined £10. Costs £2 19 6d.
2.	Butcher	do'	Dismissed. Summons not served on each of the partners.
3.	General Dealer. Butcher	Selling Beef Sausages deficient in the meat content. Summons issued by Gen. Dealer above under Section 83.	Fined £2. Costs £2 10 9d. Fined £2. Costs £2 10 9d.
4.	Pork Butcher	Selling Pork and Beef Sausages deficient in the meat content.	Fined £30. Costs £2 19 6d.
5.	Wholesale Grocers	Selling Ground Almond Substitute not of the quality demanded.	Fined £3. Costs £2.
6.	Farmer	Exposing for sale Milk to which water had been added.	Fined £20. (£10 on each of two charges). Costs £7 19 6d.
7.	Pork Butcher	Selling sausages deficient in the meat content.	Fined £2. Costs 17/6d.
8.	Butcher	Selling Beef Sausages deficient in the meat content.	Fined £15. Costs £5 1 6d.
9.	Butchers	Selling Beef Sausage Meat deficient in the meat content.	Each partner fined £10. Costs £5 1 6d.
10.	Butchers	Selling Beef Sausage Meat deficient in the Meat content.	Fined £2. Costs £5 1 6d.
11.	Farmer	Having in his possession for sale for human consumption milk to which water had been added.	Fined £2. Costs £5 5 0d.
12.	Farmer	Having in his possession milk to which water had been added.	Fined £2. Costs £5 5 0d.
13.	Dairyman	Selling milk containing 15% added water.	Fined £15. Costs £5 12 6d.
14.	Butcher	Selling Beef Sausage Meat deficient in the meat content.	Fined £5. Costs £2 19 6d.
15.	Farmer	Having in his possession for sale, milk to which water had been added.	Fined £5. Costs £3 10 0d.
16.	Butchers	Selling Beef Sausage Meat deficient in the meat content.	Each partner fined £1. Costs £2 19s. 6d.
17.	Butcher	Selling Beef Sausage Meat deficient in the meat content.	Fined £2. Costs 17/6d.
18.	Butcher	Selling Beef Sausage Meat deficient in the meat content.	Fined £2 2 0d. Costs £5 1 6d.
19.	Butchers	Selling Beef Sausages deficient in the meat content.	Fined £5. Costs £5 1 6d.
20.	Butchers	Selling Pork Sausage deficient in the meat content.	Fined £15. Costs £5 1 6d.
21.	Publican	Wilfully obstructing a person acting in the execution of the Food and Drugs Act, 1938.	Fined £3. Costs 17/6d.
22.	Dairyman	Selling milk not of the quality demanded.	Fined £10. Costs £7.
23.	Publican	Selling whisky not of the quality demanded.	Fined £5. Costs 17/6d.
24.	Publican	Selling rum not of the quality demanded.	Fined £5. Costs. 17/6d.



**BLIND WELFARE.**

There was a further increase in the number of persons registered as blind during the year. At the end of 1948 there were 605 persons on the register; the total of 657 at the end of 1949 has been divided for ages and sexes as shown below:-

Age Periods	Males	Females	Total
0- 4	—	1	1
5-10	1	1	2
11-15	5	5	10
16-20	5	3	8
21-30	16	9	25
31-39	22	11	33
40-49	28	12	40
50-59	50	34	84
60-64	38	28	66
65-70	29	44	73
70 & Over	141	174	315
	<hr/> 335	<hr/> 322	<hr/> 657

One hundred and eighty-five persons were examined by Ophthalmic Surgeons and 121 certified as blind. One child was referred by an Assistant School Medical Officer and one old person living in a remote part of the County was certified blind by the Senior Assistant County Medical Officer. Of this total number of newly certified blind, more than half were suffering from cataract or glaucoma. Medical causes of blindness have been classified thus:-

CONGENITAL AND UNDETERMINED CASES.	Males	Females	Total
Retinitis Pigmentosa ....	1	2	3
Myopic Error ....	3	6	9
Glaucoma ....	14	12	26
Cataract ....	18	22	40
Opaque Vitreous, Optic Atrophy			
Choroido-retinal degeneration ....	4	5	9
Choroiditis, etc. ....			
INFECTIOUS AND BACTERIAL.			
Congenital Syphilis ....	2	1	3
Pemphigus, Keratitis, Irido-Cyclitis,			
Iritis, Septicaemia, Tuberculosis ....	3	4	7
TRAUMATIC AND CHEMICAL.			
Non-industrial Trauma....	1	1	2
Industrial Trauma ....	1	—	1
GENERAL DISEASES.			
Arterio-Sclerosis, Vascular Sclerosis,			
Temporal Arthritis, Diabetes,			
Nephritis ....	9	14	23
	<hr/> 56	<hr/> 67	<hr/> 123

Sixty-nine persons on the Blind Register died during the year compared with 39 the previous year.

### **Home Teachers**

The death took place during the year of Miss M. D. Taws, who, during her seventeen years' service as a Home Teacher on the Council's staff, had always been popular and much respected by the blind people and her colleagues.

In view of the fact that the number of registered blind had increased by twenty-five per cent in six years and the Department had become responsible for the welfare of the partially sighted it was realised that the blind welfare staff would have to be increased if the Council's scheme was to be carried out efficiently and comprehensively. Towards the end of the year, authority was accordingly given by the Council for the appointment of an additional Home Teacher.

Details of the Home Teachers' visits are shown in Table 28.

### **Nicholas Garrow Home**

The Department continued to administer the Council's Home for Blind Persons at Hepscott Manor, near Morpeth, the average number of residents during the year being 20. There were 44 admissions and 39 discharges and the death occurred of 1 elderly blind woman. A number of the permanent residents went to visit friends for a few weeks' holiday and it was thus possible to accommodate 21 blind persons at the Home for temporary stays of one or two weeks to make it possible for relatives to go away for a change.

The residents received invitations to several outings, and concerts, parties and religious services were arranged.

The blind people were encouraged to undertake minor domestic and other duties in connection with the running of the Home and to take an interest in pastime occupations.

During the year the Council approved the installation of central heating in the Home.

### **Training and Employment**

In connection with the Working Party which was set up by the Ministry of Labour and National Service, a review of the employment position of blind persons between the ages of 16 and

65 in the County area was undertaken by the Department in co-operation with an officer of the Ministry and a Placement Officer of the National Institute for the Blind.

Blind persons have been interviewed by officers of the Ministry, the National Institute for the Blind, the North Regional Association for the Blind and the Department at employment panels called to assist with training and employment.

Towards the end of the year the Ministry of Labour convened a conference of representatives of Tyneside Local Authorities and other bodies to consider the possibility of arranging work or training for employable blind persons. It was decided that a further conference should be held to discuss the question of extending the Workshops for the Adult Blind, Newcastle, which is administered by a Joint Committee of representatives from Newcastle Corporation, Northumberland County Council and Gateshead Corporation.

At the end of the year 24 males from the County, comprising 5 basket-makers, 11 mattress makers, 6 brush makers and 2 mat makers, were employed at the Workshops.

A small number of blind persons were employed in open industries such as in factories, agriculture, massage and telephone exchanges. Three men worked at home as Braille copyist, stick chopper and piano tuner.

A number of young men attended courses of training arranged for blind persons at Newcastle and Liverpool. Financial responsibility for this training rests with the Education Committee in the case of young people and with the Ministry of Labour for those over 21 years.

### **Children**

Seven children of school age were receiving education in special schools for blind children in December, while five were not attending school owing to physical or mental handicaps.



### **Social Welfare**

The ten Voluntary Committees for the blind established in the County continued to function, and towards the end of the year it was decided to invite a member from each Committee to form a Sub-Committee of the Northumberland County Blind Persons' Trust Fund. The National Institute for the Blind allocates a proportion of its collections to the Trust Fund for Social Welfare purposes in the County.

The fund also helped in the provision of bedding, clothing, games, wireless repairs and travelling expenses to holiday homes.

During the summer three outings were arranged—to Blagdon Hall, Seaton Burn, by courtesy of Viscount and Viscountess Ridley; to Wallington Hall, Cambo, by courtesy of Sir Charles and Lady Trevelyan; and to Hexham.

In addition, each Voluntary Committee arranged outings and parties for the blind in their area.

Members of the Voluntary Committees also co-operated with the Home Teachers in conducting clubs for the blind. During the year a new club was established at Bedlington and in December six clubs were functioning.

The Council is grateful to the Voluntary Committees for the splendid help they have given in providing social amenities for the blind people of the County.

Handicraft classes were established at Ashington and Lemington and it was proposed to commence other classes after the appointment of the additional Home Teacher.

The Department continued to act as agents for the British Wireless for the Blind Fund and during the year 23 relays were installed in the homes of blind persons and 22 blind persons were provided with wireless sets.

### **Partially Sighted Persons**

The Department is now responsible for the welfare of the partially sighted and in December the names of 108 persons were on the Observation Register. Visits were made periodically by the Home Teachers and arrangements made to commence training in suitable handicraft work.

T A B L E S

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S T A T I S T I C S

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TABLE 1  
ADMINISTRATIVE COUNTY OF NORTHUMBERLAND  
POPULATION—YEAR 1949

			CIVILIAN	TOTAL
BOROUGHES.				
Berwick-upon-Tweed	....		12,250	12,760
Blyth	....	....	35,300	35,300
Morpeth	....	....	10,070	10,070
Wallsend	....	....	48,830	48,830
			<hr/> 106,450	<hr/> 106,960
URBAN DISTRICTS.				
Alnwick	....	....	7,290	7,302
Amble	....	....	4,547	4,547
Ashington	....	....	28,850	28,850
Bedlingtonshire	....	....	28,220	28,220
Gosforth	....	....	24,310	24,310
Hexham	....	....	9,120	9,130
Longbenton	....	....	27,020	27,110
Newbiggin-by-the-Sea	....		9,740	9,740
Newburn	....	....	21,540	21,540
Prudhoe	....	....	9,343	9,343
Seaton Valley	....	....	26,490	26,490
Whitley Bay	....	....	32,290	32,300
			<hr/> 228,760	<hr/> 228,882
RURAL DISTRICTS.				
Alnwick	....	....	11,850	11,850
Belford	....	....	4,940	4,940
Bellingham	....	....	5,324	5,412
Castle Ward	....	....	14,090	14,090
Glendale	....	....	7,687	7,687
Haltwhistle	....	....	7,376	7,376
Hexham	....	....	20,790	20,790
Morpeth	....	....	17,320	18,190
Norham and Islandshires	....		4,510	4,510
Rothbury	....	....	5,680	5,680
Newcastle upon Tyne (Moorhall and Precincts)	....		3	3
			<hr/> 99,570	<hr/> 100,528
TOTALS	....	....	<hr/> 434,780	<hr/> 436,370



TABLE 2  
VITAL & MORTALITY STATISTICS.

Year.	Birth rate per 1,000 living.	General death rate per 1,000 living.	Infant mortality rate per 1,000 births	Zymotic death rate per 1,000 living.	Death rate from Respiratory Tuberculosis per 1,000 living.
1892	33.25	18.41	130.00	1.42	1.67
1893	33.22	18.50	160.00	2.35	1.67
1894	31.76	16.12	131.73	1.51	1.56
1895	32.59	18.72	156.28	2.29	1.62
1896	31.75	15.87	136.74	1.46	1.43
1897	31.57	16.73	150.66	1.69	1.50
1898	30.88	17.44	169.80	1.99	1.32
1899	31.46	17.71	173.88	2.29	1.27
1900	31.24	17.53	160.31	1.73	1.38
1901	33.22	18.72	183.57	2.80	1.25
1902	32.76	16.63	126.90	1.40	1.25
1903	32.58	16.81	145.43	1.53	1.19
1904	29.42	17.12	168.69	1.99	1.17
1905	30.41	15.01	133.57	1.26	1.02
1906	29.09	14.52	136.28	1.51	1.04
1907	28.25	13.51	112.93	1.03	1.00
1908	29.46	14.82	146.41	1.28	0.95
1909	28.43	13.39	106.99	1.03	1.01
1910	26.91	12.99	114.73	1.01	0.93
1911	27.48	13.96	136.79	1.94	0.98
1912	27.05	12.98	93.80	1.02	0.86
1913	26.43	13.61	111.39	1.28	0.91
1914	26.61	13.31	113.78	1.33	0.91
1915	24.42	15.82	122.00	2.04	1.03
1916	21.91	13.75	101.00	0.84	1.10
1917	20.39	13.60	101.00	0.97	1.06
1918	21.54	17.26	101.00	1.07	1.22
1919	22.14	14.11	102.00	0.92	0.97
1920	28.30	12.89	90.00	0.76	0.92
1921	25.50	12.42	95.00	1.01	0.87
1922	22.54	12.72	87.00	0.41	0.88
1923	22.56	11.33	76.00	0.74	0.85
1924	22.18	12.06	83.00	0.40	0.82
1925	20.88	11.63	82.00	0.67	0.78
1926	20.02	11.37	77.00	0.53	0.73
1927	17.90	11.53	77.00	0.27	0.81
1928	18.37	11.39	67.00	0.28	0.68
1929	16.79	12.22	81.00	0.65	0.74
1930	17.13	11.02	62.00	0.23	0.78
1931	16.66	12.24	77.00	0.41	0.75
1932	15.94	11.33	67.00	0.25	0.68
1933	15.42	11.93	71.00	0.31	0.65
1934	15.48	11.78	69.00	0.43	0.60
1935	15.60	11.67	71.00	0.32	0.53
1936	15.26	12.02	70.00	0.30	0.55
1937	15.16	12.67	66.00	0.26	0.54
1938	15.00	11.76	64.00	0.31	0.40
1939	14.80	11.84	55.50	0.20	0.52
1940	15.00	12.44	59.00	0.17	0.55
1941	15.07	12.84	74.00	0.25	0.51
1942	16.39	11.59	54.00	0.20	0.39
1943	17.61	12.50	56.00	0.18	0.51
1944	19.87	12.16	48.00	0.21	0.50
1945	17.58	12.24	50.00	0.17	0.47
1946	19.74	11.98	48.00	0.13	0.49
1947	20.66	12.14	43.00	0.13	0.44
1948	18.04	11.13	40.00	0.09	0.43
1949	17.52	11.92	36.00	0.08	0.37

TABLE 3  
GENERAL STATISTICS

	NUMBERS			RATES		
	Boro's and Urban Districts.	Rural Districts.	Total for County.	Boro's and Urban Districts.	Rural Districts.	Total for County.
<b>Population.</b>						
Civilian ....	335,210	99,570	434,780	....	....	....
Total ....	335,842	100,528	436,370	....	....	....
<b>Births (Live)</b>	6,041	1,577	7,618	18.02	15.84	17.52
Legitimate ....	5,820	1,513	7,333	17.36	15.20	16.86
Illegitimate ....	221	64	285	0.66	0.64	0.66
				(Per 1,000 civilian population)		
<b>Births (Still)</b>	157	35	192	25.33	21.71	24.58
Legitimate ....	150	33	183	25.13	21.34	24.35
Illegitimate ....	7	2	9	30.70	30.30	30.61
				(Per 1,000 registered births)		
<b>Births (Live and Still)</b>	6,198	1,612	7,810	18.49	16.18	17.96
Legitimate ....	5,970	1,546	7,516	17.81	15.52	17.28
Illegitimate ....	228	66	294	0.68	0.66	0.67
				(Per 1,000 civilian population)		
<b>Deaths (Total)</b>	3,988	1,193	5,181	11.89	11.98	11.92
				(Per 1,000 Civilian Population)		
<b>Infant Deaths</b>	226	52	278	37.00	33.00	36.00
Legitimate ....	209	50	259	36.00	33.00	35.00
Illegitimate ....	17	2	19	77.00	33.00	67.00
		2		(Per 1,000 live births)		
<b>Maternal Deaths</b>	3	....	3	00.49	....	00.38
				(Per 1,000 births—live and still)		

TABLE 4.  
BIRTHS (LIVE AND STILL)

COUNTY DISTRICTS	LIVE					STILL					TOTAL BIRTHS— LIVE AND STILL
	Leg.		Illeg.		Total	Leg.		Illeg.		Total	
	M	F	M	F		M	F	M	F		
BOROUGHES :—											
Berwick .....	120	119	13	7	259	5	1	—	—	6	265
Blyth .....	339	340	16	13	708	10	5	—	—	15	723
Morpeth....	95	80	5	4	184	4	2	—	—	6	190
Wallsend .....	496	484	18	15	1013	10	14	2	—	26	1039
URBAN DISTRICTS :											
Alnwick .....	58	67	1	1	127	2	2	—	—	4	131
Amble ....	36	42	5	1	84	3	1	—	—	4	88
Ashington .....	261	254	13	5	533	6	4	—	—	10	543
Bedlingtonshire	262	237	5	11	515	5	6	—	—	11	526
Gosforth .....	198	175	5	4	382	7	3	—	—	10	392
Hexham .....	61	59	3	4	127	2	2	—	—	4	131
Longbenton .....	246	204	7	6	463	6	9	1	1	17	480
Newbiggin-by- the-Sea .....	92	81	2	3	178	1	—	—	—	1	179
Newburn .....	175	205	6	4	390	2	5	2	—	9	399
Prudhoe....	66	81	1	3	151	—	3	—	—	3	154
Seaton Valley .....	207	227	10	4	448	8	8	—	—	16	464
Whitley Bay .....	230	223	16	10	479	6	8	1	—	15	494
RURAL DISTRICTS :											
Alnwick .....	93	73	3	5	174	2	3	—	—	5	179
Belford .....	41	33	2	—	76	2	1	—	—	3	79
Bellingham .....	32	43	4	2	81	3	—	—	—	3	84
Castle Ward .....	117	98	6	2	223	1	2	—	—	3	226
Glendale .....	62	57	—	5	124	2	1	—	—	3	127
Haltwhistle .....	69	59	2	4	134	1	1	1	1	4	138
Hexham .....	151	140	5	3	299	3	4	—	—	7	306
Morpeth....	150	156	7	7	320	2	4	—	—	6	326
Norham and Islandshires .....	28	28	3	—	59	1	—	—	—	1	60
Rothbury .....	39	44	2	2	87	—	—	—	—	—	87
TOTALS .....	3724	3609	160	125	7618	94	89	7	2	192	7810



TABLE 5.

## NOTIFICATIONS OF INFECTIOUS DISEASES

CIVILIANS ONLY.

1949.

COUNTY DISTRICTS	Small-pox.	Enteric Fever.	Paratyphoid Fever.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Erysipelas.	Measles.	Pneumonia	Puerperal Pyrexia.	Acute Poliomyelitis	Acute Polioencephalitis	Cerebro-Spinal Fever	Ophthalmia Neonatorum	Food Poisoning	Totals
<b>BOROUGHES</b>																
Berwick ....	—	4	—	6	12	—	2	27	3	—	—	—	—	—	—	54
Blyth ....	—	—	—	39	98	1	6	352	27	3	1	—	1	—	1	529
Morpeth ....	—	—	—	8	3	4	10	38	5	—	—	—	—	—	—	68
Wallsend ....	—	—	—	62	169	—	8	246	66	—	3	1	—	—	20	575
<b>URBAN DISTRICTS</b>																
Alnwick ....	—	—	—	4	—	1	1	8	—	1	2	—	1	—	—	18
Amble ....	—	—	—	10	1	—	—	—	—	—	—	—	—	—	—	11
Ashington ....	—	—	—	26	5	1	7	116	15	—	—	—	—	—	—	170
Bedlingtonshire ....	—	—	—	31	11	2	6	216	15	—	1	—	—	—	—	282
Gosforth ....	—	—	—	13	53	—	8	174	24	1	—	—	—	—	1	274
Hexham ....	—	1	1	12	7	—	—	8	10	—	9	—	—	—	59	107
Longbenton ....	—	—	—	45	96	2	12	359	21	2	4	—	1	—	—	542
Newbiggin/Sea ....	—	—	3	—	3	—	4	144	30	—	—	—	—	—	—	184
Newburn ....	—	—	1	39	44	—	4	215	41	—	2	—	—	—	1	347
Prudhoe ....	—	—	—	33	45	—	1	100	—	—	2	—	—	—	—	181
Seaton Valley ....	—	—	—	67	38	—	2	162	2	—	1	—	2	—	—	274
Whitley Bay ....	—	—	—	42	114	6	16	558	26	—	3	—	—	—	—	765
<b>RURAL DISTRICTS</b>																
Alnwick ....	—	—	—	31	—	—	—	23	—	—	—	—	—	—	—	54
Belford ....	—	—	—	4	29	—	—	17	7	—	—	—	—	—	—	57
Bellingham ....	—	—	—	2	1	—	—	22	—	1	—	—	—	—	—	26
Castle Ward ....	—	—	—	16	52	—	4	118	12	3	—	—	—	—	—	205
Glendale ....	—	—	—	—	52	—	2	67	16	—	—	—	—	—	—	137
Haltwhistle ....	—	—	1	3	15	—	1	143	3	1	1	—	—	—	—	168
Hexham ....	—	—	—	18	22	—	6	146	12	9	4	—	—	—	10	227
Morpeth ....	—	—	—	31	3	1	3	79	—	1	—	—	—	—	—	118
Norham and Islandshires ....	—	—	—	4	22	—	—	36	2	—	—	—	—	—	—	64
Rothbury ....	—	—	—	14	21	—	7	20	8	1	1	—	—	—	—	72
<b>TOTALS</b> ....	—	5	6	560	916	18	110	3394	345	23	34	1	5	—	92	5509

TABLE 6.

## CLASSIFICATION OF DEATHS (YEAR 1949) ACCORDING TO DISEASE

	URBAN DISTRICTS			RURAL DISTRICTS			TOTAL COUNTY		
	M	F	Total	M	F	Total	M	F	Total
Typhoid and Paratyphoid Fevers ....	1	—	1	—	—	—	1	—	1
Cerebro-Spinal Fever ....	1	1	2	—	—	—	1	1	2
Scarlet Fever ....	—	—	—	—	—	—	—	—	—
Whooping Cough ....	—	4	4	—	—	—	—	4	4
Diphtheria ....	—	—	—	—	—	—	—	—	—
Tuberculosis of Respiratory System ....	76	58	134	14	12	26	90	70	160
Other forms of Tuberculosis ....	10	11	21	3	2	5	13	13	26
Syphilitic Diseases ....	6	3	9	—	2	2	6	5	11
Influenza ....	18	16	34	9	12	21	27	28	55
Measles ....	—	1	1	—	—	—	—	1	1
Acute Poliomyelitis and Polio Encephalitis ....	—	2	2	—	—	—	—	2	2
Acute Infantile Encephalitis ....	5	3	8	2	—	2	7	3	10
Cancer of Buccal Cavity and Oesophagus (M), Uterus (F) ....	20	48	68	8	7	15	28	55	83
Stomach & Duodenum ....	86	63	149	21	18	39	107	81	188
Breast ....	1	47	48	—	12	12	1	59	60
Other Sites ....	214	141	355	60	50	110	274	191	465
Diabetes ....	10	21	31	1	5	6	11	26	37
Intra Cranial Vascular Lesions ....	214	268	482	77	91	168	291	359	650
Heart Diseases ....	702	644	1346	224	202	426	926	846	1772
Other Diseases of Circulatory System ....	55	90	145	26	27	53	81	117	198
Bronchitis ....	102	87	189	23	15	38	125	102	227
Pneumonia ....	69	66	135	20	6	26	89	72	161
Other respiratory diseases ....	47	20	67	9	2	11	56	22	78
Ulcer of Stomach or Duodenum ....	25	3	28	8	—	8	33	3	36
Diarrhoea (under 2 yrs.) ....	17	6	23	1	3	4	18	9	27
Appendicitis ....	4	5	9	2	1	3	6	6	12
Other Digestive Diseases ....	24	39	63	10	17	27	34	56	90
Nephritis ....	39	26	65	17	16	33	56	42	98
Puerperal and Post Abortive Sepsis ....	—	1	1	—	—	—	—	1	1
Other Maternal Causes ....	—	2	2	—	—	—	—	2	2
Premature Birth ....	32	26	58	9	6	15	41	32	73
Congenital Malformation, Birth Injuries & Infant Diseases ....	54	33	87	13	6	19	67	39	106
Suicide ....	29	10	39	8	—	8	37	10	47
Road Traffic Accidents ....	18	2	20	12	2	14	30	4	34
Other Violent Causes ....	55	28	83	15	4	19	70	32	102
All Other Causes ....	146	133	279	53	30	83	199	163	362
<b>TOTAL</b> ....	<b>2080</b>	<b>1908</b>	<b>3988</b>	<b>645</b>	<b>548</b>	<b>1193</b>	<b>2725</b>	<b>2456</b>	<b>5181</b>

## TUBERCULOSIS

TABLE 7.  
STATISTICS—1928 TO 1949

YEAR	Notifications			Deaths			Death Rate per 1,000 population		
	Respira- tory	Other Forms	All Forms	Respira- tory	Other Forms	All Forms	Respira- tory	Other Forms	All Forms
1928	780	357	1,137	277	107	384	0.68	0.26	0.94
1929	722	265	987	301	108	409	0.74	0.26	1.00
1930	730	282	1,012	321	89	410	0.78	0.22	1.00
1931	642	272	914	309	100	409	0.75	0.25	1.00
1932	592	247	839	279	93	372	0.68	0.23	0.91
1933	519	195	714	268	81	349	0.65	0.20	0.85
1934	502	212	714	249	85	334	0.60	0.21	0.81
1935	378	207	585	218	77	295	0.53	0.19	0.72
1936	392	165	557	224	66	290	0.55	0.16	0.71
1937	338	149	487	219	78	297	0.54	0.19	0.73
1938	347	190	537	164	64	228	0.40	0.16	0.56
1939	288	130	418	216	58	274	0.52	0.14	0.66
1940	343	111	454	226	58	284	0.55	0.14	0.69
1941	346	116	462	208	51	259	0.51	0.12	0.63
1942	298	116	414	156	36	192	0.39	0.09	0.48
1943	458	125	583	202	50	252	0.51	0.13	0.64
1944	506	134	640	195	43	238	0.50	0.11	0.61
1945	608	127	735	186	47	233	0.47	0.12	0.59
1946	454	116	570	200	42	242	0.49	0.10	0.59
1947	439	125	564	186	39	225	0.44	0.09	0.53
1948	442	137	579	187	32	219	0.43	0.07	0.50
1949	506	104	610	160	26	186	0.37	0.06	0.43

TABLE 8.

NOTIFICATIONS AND MORTALITY AT SPECIFIED AGE PERIODS  
DURING THE YEAR 1949.

Age Periods	*New Cases.						Deaths					
	Respiratory			Non- Respiratory			Respiratory			Non- Respiratory		
	M.	F.	Total	M.	F.	Total	M.	F.	Total	M.	F.	Total
0—	1	2	3	—	2	2	—	—	—	—	1	1
1—	15	9	24	7	5	12	1	—	1	3	2	5
5—	13	5	18	15	16	31	—	—	—	2	2	4
15—	173	182	355	24	26	50	46	51	97	5	4	9
45—	71	13	84	2	4	6	34	15	49	2	3	5
65 and upwards	13	9	22	1	2	3	9	4	13	1	1	2
TOTALS	286	220	506	49	55	104	90	70	160	13	13	26

\* Includes new cases coming to the knowledge of the County Medical Officer other than by formal notification.



TABLE 9.

RETURN SHOWING THE WORK OF THE CHEST CLINICS DURING 1949

DIAGNOSIS	Pulmonary				Non-Pulmonary				Total				Grand Total
	Adults		Children		Adults		Children		Adults		Children		
	M. F.		M. F.		M. F.		M. F.		M. F.		M. F.		
A.—New Cases examined during the year (excluding contacts) :													
(a) Definitely tuberculous	180	144	20	8	16	30	21	22	196	174	41	30	441
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	69	66	22	11	168
(c) Non-tuberculous	—	—	—	—	—	—	—	—	893	862	270	247	2272
B. — Contacts examined during the year :—													
(a) Definitely tuberculous	6	14	7	4	—	—	—	1	6	14	7	5	32
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	21	22	43	29	115
(c) Non-Tuberculous	—	—	—	—	—	—	—	—	376	652	498	482	2008
C.—Cases written off the Register as:													
(a) Recovered	85	67	22	7	7	14	19	7	92	81	41	14	228
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Register as tuberculous)	—	—	—	—	—	—	—	—	1263	1512	768	737	4280
D.—Number of Cases on Register on 31st Dec., 1949:—													
(a) Definitely tuberculous	643	478	84	52	75	86	61	46	718	564	145	98	1525
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	90	88	65	40	283

1.	Number of cases on Register on 1st January, 1949	1792
2.	Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years	172
3.	Number of cases transferred to other areas, cases not desiring further assistance under the tuberculosis scheme, and cases "lost sight of," includes Newburn transferred "en bloc" to Newcastle	540
4.	Cases written off during the year as dead (all causes)	144
5.	Number of attendances at the Chest Clinics (including Contacts)	9214
6.	Number of Reports to Medical Practitioners :—	6,492
7.	Number of visits by Tuberculosis Officers to homes (including personal consultations)	191
8.	Number of :—(a) Specimens of sputum, etc., examined	2639
	(b) X-ray examinations made in connection with Chest Clinic work	8869
9.	Number of "Recovered" cases restored to Register, and included in A (a) and A (b) above	8
10.	Number of "T.B. plus" cases on Register on 31st December, 1949	607

TABLE 10.  
MASS MINIATURE RADIOGRAPHY—1949

Place	Minia- tures	Large	Per Cent.	Disp.	Per Cent.
Backworth ....	1,043	148	14.19	4	0.38
North Walbottle ....	768	107	13.93	3	0.39
Lynemouth ....	481	100	20.79	2	0.41
Newbiggin ....	733	131	17.87	—	—
Corbridge ....	343	24	6.99	1	0.29
Haydon Bridge ....	217	15	6.91	—	—
Hexham ....	684	42	6.14	2	0.29
Allendale ....	118	6	5.08	2	1.69
	4,487	573	12.77	14	0.31

The Unit was not operating on miniature work from 21st March, 1949 to 15th November, 1949.

Backworth, North Walbottle, Lynemouth and Newbiggin were Colliery Surveys.

TABLE 11.  
TUBERCULOSIS AFTER-CARE

CARE COMMITTEES.

Twelve Area Sub-Committees functioned at :—

Alnwick, Ashington, Bedlington, Berwick, Blyth, Gosforth and Longbenton, Hexham, Morpeth, Newburn and Castle Ward, Seaton Valley, Wallsend and Whitley Bay.

Number of new cases referred to the Almoner ....	591
Old Cases under review ....	1,089
<b>TOTAL</b> ....	<b>1,680</b>

Visits by Almoners :—

Domiciliary Visits ....	1,328
Sanatorium and Hospital Visits ....	502

Details of Help given :—

Milk and Extra Nourishment orders issued ....	125
Beds and Bedding (including issues on loan) ....	105
Clothing ....	178
Housing ....	99
Re-housed ....	77
Invalid Comforts ....	34
Registered as Disabled Persons ....	54
Employment found ....	112
Boarding out of Contacts ....	16
Financial Grants for fares, pocket money and Extra nourishment	69
Referred to the National Assistance Board for allowances, clothing, bedding, etc. ....	304
Patients admitted to Convalescent Homes ....	93
Handicrafts ....	45

Other types of help given :—

Removal expenses : Red Cross Library : Arrangements for patients in Sanatoria to study : Admission of patient to Swiss Sanatorium ; Arrangements for rehabilitation and training.

TABLE 12—CARE AND AFTER-CARE—CONVALESCENT TREATMENT

	Wilkinson Park		Silloth		Shotley Bridge		Brentwood		Gilsland		Clevedon		Whitburn		American Bellows		TOTALS		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Males	Females	All
Number of cases in residence on 1st January, 1949 .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Admissions .....	29	13	5	14	3	6	1	1	—	—	—	1	1	2	2	—	41	41	82
Re-admissions .....	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	3
Discharges .....	27	11	5	14	3	6	1	1	—	—	—	1	1	2	2	—	39	39	78
Received treatment during the year : Tubercular—																			
Adults .....	29	13	—	—	—	—	—	—	—	—	—	1	—	—	—	—	29	14	43
Children .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
General—																			
Adults .....	—	—	5	14	3	6	—	1	—	—	—	—	—	2	—	—	8	25	33
Children .....	—	—	—	—	—	—	—	—	—	—	—	—	1	—	2	—	4	2	6
Total who received treatment .....	29	13	5	14	3	6	1	1	—	—	—	1	1	2	2	—	41	41	82
Total number of convalescent days	1,140	493	154	252	42	81	21	21	—	28	—	14	21	56	28	28	1,406	973	2,379
Patients in receipt of treatment at end of year .....	4	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	3	7

In addition, arrangements were made for the undernoted convalescence, without financial responsibility to the County:—

	General	....	....	....	Males	Females	Children	Total
	....	....	....	....	—	5	2	11
Tubercular	....	....	....	....	3	1	—	4



# MATERNITY AND CHILD WELFARE SERVICE

## TABLE 13.

### NOTIFICATION AND REGISTRATION OF BIRTHS.

Notified Births			Registered Births			Illegitimate Births (included in the Registered Births)		
Live	Still	Total	Live	Still	Total	Live	Still	Total
7,415	98	7,513	7,618	192	7,810	285	9	294

## TABLE 14.

### MATERNAL MORTALITY

Year	Puerperal Sepsis		Other Puerperal Causes		Total Deaths	Rate per 1,000 Births
	Deaths	Rate per 1,000 Births	Deaths	Rate per 1,000 Births		
1946	3	0.36	8	0.95	11	1.31
1947	1	0.11	7	0.79	8	0.90
1948	3	0.38	13	1.62	16	2.00
1949	1	0.13	2	0.25	3	0.38

## TABLE 15.

### CARE OF PREMATURE BABIES

Year	Premature Births Notified			Home Births			Hospital or Nursing Home Births	
	Born at Home	Born in Hospital or Nursing Home	Total	Nursed entirely at Home	Died during the first 24 hrs.	Survived at the end of 1 m'th.	Died during the first 24 hrs.	Survived at the end of 1 month
1946	70	115	185	65	16	46	15	83
1947	51	120	171	47	9	26	6	97
1948	78	126	204	78	17	48	12	102
1949	147	253	400	140	22	106	17	228

TABLE 16.  
INFANT WELFARE CENTRES

Year	No. of Centres	No. of Half Day Sessions Held	Total No. of Children Attending	Total Attendances of Children
1946	57	3,358	10,835	79,844
1947	60	3,527	11,406	87,858
1948	74	4,441	18,054	128,268
1949	82	4,811	18,549	117,165

TABLE 17.  
ANTE AND POST NATAL CARE

Year	ANTE NATAL CLINICS		POST NATAL CLINICS		RURAL ANTE-NATAL SCHEME CONSULTATIONS
	No. of Expectant Mothers attending	Total No. of Attendances	No. of Mothers attending	Total No. of Attendances	
1946	3,258	12,640	296	409	7
1947	3,256	13,301	455	593	3
1948	5,639	20,826	960	1,210	4
1949	6,131	22,207	1,273	1,347	Nil

TABLE 18.  
HEALTH VISITING SERVICE

Year	Live Births Registered in the Administrative County	First Visits to Infants	Re-Visits to Infants under the age of 1 year	Visits to Children aged 1-5 years	Ante-Natal Visits	
					First Visits	Re-Visits
1946	5,490	5,303	24,343	45,518	664	664
1947	5,705	5,651	25,732	41,124	711	582
1948	*7,792	6,644	26,948	53,771	816	637
1949	7,618	7,812	30,624	71,748	896	628

\* Includes addition of Wallsend, Blyth and Gosforth.

# MIDWIFERY AND HOME NURSING SERVICE

TABLE 19.

Year	No. of Midwives and Nurses employed on the Permanent Staff	No. of Midwives in Private Practice (Domiliary and Nursing Homes.)	No. of Cases attended by Nurses on the Permanent Staff and Relief Staff.					No. of Cases attended by Private Nurses.		
			Mid.	Mat.	Total	Surg.	Med.	Total	Mid.	Mat.
1948	138	23	1,926	1,927	3,853	5,634	5,209	10,843	455	
1949	136	18	1,140	2,003	3,143	4,982	5,755	10,737		14
										466

Year	No. of Gas/Air Machines used by County Midwives.	No. of Midwives who are in possession of Gas/Air Certificate.	No. of Mothers who had Gas/Air Analgesia.	No. of Mothers attended by Midwives in Private Practice who had Gas/Air Analgesia	No. of Puerperal Pyrexia Cases notified.		No. of Visits of Inspection made by the Supervisor and Assistants.
					Home	Hospital	
1948	44	82	572	No Record	11	17	710
1949	62	101	831	262	9	14	619



# MATERNITY AND CHILD WELFARE DENTAL SERVICE

TABLE 20.

(a) NUMBER PROVIDED WITH DENTAL CARE:—

	Examined	Needing Treatment	Treated	Attendances for Treatment	Made Dentally Fit
Expectant and Nursing Mothers	2,158	1,792	1,362	5,027	867
Children under five	1,698	1,496	1,362	2,055	1,235

(b) FORMS OF DENTAL TREATMENT PROVIDED:—

	Extractions	Anaesthetics		Fillings	Scalings or Cleanings & Gum Treatment	Silver Nitrate Treatment	Dressings	Radiographs	Dentures Provided		Dentures Repaired
		Local	General						Complete	Partial	
Expectant and Nursing Mothers ....	4841	1802	154	1042	353	28	177	36	578	230	119
Children under Five ....	2816	228	823	302	41	699	119	5	—	—	—

AMBULANCE SERVICE  
TABLE 21  
AMBULANCES AND SITTING CASE CARS

	FIRST QUARTER			SECOND QUARTER			THIRD QUARTER			FOURTH QUARTER			TOTAL			
	1.	2.	3.	1.	2.	3.	1.	2.	3.	1.	2.	3.	1.	2.	3.	
North No. 1	...	218	250	13,484	202	240	13,865	249	289	18,262	236	288	14,755	905	1,067	60,366
North No. 2	...	192	254	8,243	278	356	10,829	360	516	18,398	388	603	23,646	1,218	1,729	61,116
Central	...	1,709	3,579	43,155	2,414	4,246	49,630	2,159	3,823	50,173	2,520	4,291	56,471	8,802	15,939	199,429
East	...	1,033	2,342	31,296	1,189	2,439	29,051	1,210	2,504	34,901	1,242	2,289	35,575	4,674	9,574	130,823
South East	...	1,485	3,306	34,225	1,863	3,344	34,239	2,246	4,600	42,100	2,317	4,961	46,012	7,911	16,251	156,576
South	...	1,333	2,270	25,334	1,625	2,392	26,436	1,703	3,051	32,692	1,819	3,381	32,450	6,480	11,094	116,912
Wallsend	...	1,041	2,766	14,404	1,288	3,192	15,490	1,220	3,824	15,337	1,306	4,067	17,705	4,855	13,849	62,936
West	...	972	1,523	30,302	1,116	1,367	30,481	1,040	1,728	34,880	1,101	1,844	37,640	4,229	6,462	133,303
TOTAL	...	7,983	16,290	200,443	9,975	17,616	210,021	10,187	20,335	246,743	10,929	21,724	264,254	39,074	75,965	921,461

HOSPITAL CAR SERVICE

North No. 1	...	22	22	2,004	62	64	4,458	86	87	7,951	93	96	10,823	263	269	25,236
North No. 2	...	55	60	3,453	98	111	6,796	94	98	6,669	85	94	5,306	332	363	22,224
Central	...	195	225	7,255	77	89	3,546	81	86	3,548	50	50	2,325	403	450	16,674
East	...	4	4	178	6	6	231	—	—	—	—	—	—	10	10	409
South East	...	127	142	3,389	139	146	3,249	35	39	1,089	—	—	—	301	327	7,727
South	...	112	122	3,493	95	127	2,618	79	81	2,367	63	81	2,059	349	411	10,537
Wallsend	...	10	17	360	9	14	295	10	11	190	—	—	—	29	42	845
West	...	220	282	8,300	256	359	9,086	218	288	7,508	250	386	8,030	944	1,315	32,924
TOTAL	...	745	874	28,432	742	916	30,279	603	690	29,322	541	707	28,543	2,631	3,187	116,576
TOTAL AMBULANCE SERVICE	...	8,728	17,164	228,875	10,717	18,532	240,300	10,790	21,025	276,065	11,470	22,431	292,797	41,705	79,152	1,038,037

1. JOURNEYS.      2. PATIENTS.      3. MILEAGE.

TABLE 22.

## AMBULANCE SERVICE MILEAGE

Service	North No. 1	North No. 2	Central	East	South East	South	Wallsend	West	Total
Direct ....	28,531	15,202	199,429	130,823	156,576	99,234	62,936	—	692,731
British Red Cross Society ....	31,835	10,788	—	—	—	—	—	100,062	142,685
St. John Ambulance Brigade ....	—	—	—	—	—	—	—	32,544	32,544
Agents ....	—	35,126	—	—	—	17,678	—	697	53,501
Hospital Car Service	25,236	22,224	16,674	409	7,727	10,537	845	32,924	116,576
TOTALS ....	85,602	83,340	216,103	131,232	164,303	127,449	63,781	166,227	1,038,037



TABLE 23.

**HOME HELP SERVICE**

	NUMBER OF HOME HELPS		NUMBER OF CASES SUPPLIED	
	Available for 48 hours per week	Available for less than 48 hours per wk.	48 hours per week	Less than 48 hours per week
WALLSEND .....	14	12	103	27
SOUTH-EAST .....	46	20	273	91
EAST .....	21	28	43	117
SOUTH .....	42	15	225	123
CENTRAL .....	32	46	110	124
WEST .....	14	14	79	55
NORTH No. 1 .....	7	5	59	17
NORTH No. 2 .....	12	11	110	57
TOTAL .....	188	151	1002	611

In addition there were 9 residential Home Helps available for work throughout the County.

# MENTAL HEALTH SERVICE

TABLE 24.

SUMMARY OF VISITS AND ADMISSIONS MADE BY AUTHORISED OFFICERS DURING 1949.

District	Area (acres)	Popula- tion (Esti- mated)	MENTAL DEFICIENCY—VISITS					LUNACY AND MENTAL TREATMENT CASES					
			Super- vision	Li- cence	Guard- ianship	New Cases	Miscell- aneous	Total	Lunacy Act 1890 Sec. 16. (Certi- fied)	Lunacy Act 1890 Sec. 20 (3 Day Order)	Section 20 later Sec. 16	Mental Treat- ment Act 1930 Sec. 5 (Temp- orary Treat- ment)	Total
Alnwick ....	340,856	33,211	177	26	14	4	4	225	1	11	1	—	13
Ashington	97,828	94,200	385	67	50	14	36	552	13	31	5	—	49
Berwick ....	167,216	25,543	130	7	22	4	9	172	—	13	—	—	13
Blyth ....	22,059	94,080	205	31	35	13	43	327	37	16	37	1	91
Hexham ....	548,822	51,953	262	33	5	3	7	310	11	14	3	—	28
South North umberland	99,424	135,793	248	66	38	17	75	444	30	39	33	1	103
TOTALS	1,276,205	434,780	1,407	230	164	55	174	2,030	92	124	79	2	297

TABLE 25.  
MENTAL DEFECTIVES  
CASES UNDER ORDER, IN "PLACES OF SAFETY," AND UNDER  
SUPERVISION

	M	F	T	M	F	T
INSTITUTIONS						
Number of mental defectives in Institutions on 31st Dec. 1948 :—						
Under 16 years     ....     ....     ....     ....	17	12	29			
Over 16 years     ....     ....     ....     ....	141	205	346			
				158	217	375
DURING 1949.						
(i) Admissions     ....     ....     ....     ....	9	6	15			
(ii) Admissions from "Places of Safety"     ....	1	10	11			
(iii) Transferred from Guardianship     ....	1	1	2			
	11	17	28			
(iv) Returned from Licence     ....     ....     ....	10	20	30			
	21	37	58			
(v) Died     ....     ....     ....     ....	6	3	9			
(vi) Transferred to State Managed Institutions     ....	—	1	1			
(vii) Commenced Licence     ....     ....     ....	9	29	38			
	15	33	48			
Number of mental defectives in Institutions on 31st Dec. 1949 :—						
Under 16 years     ....     ....     ....     ....	20	15	35			
Over 16 years     ....     ....     ....     ....	144	206	350			
				164	221	385
LICENCE						
Number of mental defectives on Licence on 31st Dec. 1948 :—     ....     ....     ....				29	42	71
DURING 1949.						
(i) Commenced Licence     ....     ....     ....	9	29	38			
(ii) Returned to Institutions     ....     ....	10	20	30			
(iii) Discharged from Order     ....     ....	6	12	18			
	16	32	48			
Number of mental defectives on Licence on 31st Dec. 1949     ....     ....     ....     ....				22	39	61



TABLE 25—Cont.

	M	F	T	M	F	T
GUARDIANSHIP						
Number of mental defectives under Guardianship on 31st Dec. 1948				65	78	143
DURING 1949.						
(i) Transferred to Institutions	1	1	2			
(ii) Died	—	1	1			
(iii) Discharged from Order. (Financial liability transferred to National Assistance Board)	62	71	133			
	63	73	136			
Number of mental defectives under Guardianship on 31st Dec. 1949				2	5	7
DEFECTIVES IN STATE MANAGED INSTITUTIONS						
Number on 31st Dec. 1948 :—						
Over 16 years				6	2	8
DURING 1949.						
(i) Admission	1	—	1			
(ii) Transferred from Northgate Hospital	—	1	1			
	1	1	2			
Number on 31st Dec. 1949 :—						
Over 16 years				7	3	10
			On 31st Dec. 1949	On 31st Dec. 1948		
			M	F	T	
			M	F	T	
Total number of defectives under Order (Including those in State Managed Institutions)	195	268	463	258	339	597
“ PLACE OF SAFETY ”						
Number of defectives in “ Places of Safety ” on 31st Dec. 1948				1	1	2
DURING 1949.						
(i) Admissions	1	10	11			
(ii) Certified whilst in a “ Place of Safety ”	1	10	11			
Number of defectives in “ Places of Safety ” on 31st Dec. 1949				1	1	2



TABLE 26.

## HOUSING

AUTHORITY				HOUSES COMPLETED DURING 1949						
				(A) By Local Authority.		(B) By Other Persons		Total	Total 1948	
				Perm.	Temp.	Perm.	Temp.			
MUNICIPAL BOROUGHES										
Berwick-upon-Tweed .....				68	—	11	—	79	143	
Blyth .....				150	5	2	—	157	236	
Morpeth .....				90	*147	3	—	240	89	
Wallsend .....				248	—	—	—	248	273	
URBAN DISTRICTS										
Alnwick .....				62	—	9	—	71	112	
Amble .....				26	—	4	—	30	34	
Ashington .....				227	—	9	—	236	76	
Bedlingtonshire....				270	—	3	—	273	203	
Gosforth .....				64	—	—	—	64	300	
Hexham .....				87	—	7	—	94	42	
Longbenton .....				154	—	†120	—	274	577	
Newbiggin-by-the-Sea .....				86	—	—	—	86	74	
Newburn .....				50	70	1	—	121	182	
Prudhoe .....				44	—	—	—	44	64	
Seaton Valley .....				114	—	1	—	115	232	
Whitley Bay .....				150	—	20	—	170	201	
RURAL DISTRICTS										
Alnwick .....				58	—	12	—	70	48	
Belford .....				—	—	2	—	2	52	
Bellingham .....				28	—	1	—	29	40	
Castle Ward .....				197	—	28	—	225	118	
Glendale .....				34	20	2	—	56	12	
Haltwhistle .....				24	—	3	—	27	39	
Hexham .....				50	—	—	8	58	91	
Morpeth .....				29	—	5	—	34	159	
Norham and Islandshires .....				64	—	3	—	67	27	
Rothbury .....				34	—	1	—	35	15	
				2,408	242	247	8	2,905	3,439	

\* Morpeth Common Camp.

† 107 built by Newcastle Corporation.



TABLE 27.

## RURAL HOUSING SURVEY

## INSPECTION OF DWELLING HOUSES DURING YEAR

		NUMBER AND CLASSIFICATION					Total
		Satisfactory in all respects	Minor Defects	Requiring repair, structural alter- tion or improve- ment	Appropriate for reconditioning under Housing (Rural Workers) Acts	Unfit for habita- tion and beyond repair at reason- able expense	
Rural Districts							
Alnwick	....	—	—	2	5	6	13
Belford	....	410	199	180	194	131	1,114
Bellingham	....	126	80	85	16	33	340
Castle Ward	....	402	83	295	22	16	818
Glendale	....	28	149	81	402	144	804
Haltwhistle	....	53	20	247	97	39	456
Hexham	....	97	40	98	19	3	257
Morpeth	....	40	25	32	60	17	174
Norham and Islandshires		—	—	—	—	—	No progress during year ditto
Rothbury	....	—	—	—	—	—	
		1,156	596	1,020	815	389	3,976

TABLE 28.

## BLIND WELFARE

## HOME TEACHERS' VISITS.

Number of visits for welfare purposes	....	....	....	....	5,006
Number of visits to give lessons	....	....	....	....	465
Number of visits to investigate new cases	....	....	....	....	169
Number of visits to supervise Home Workers	....	....	....	....	10
Number of visits re Observation	....	....	....	....	216
Number of visits to convey patients to hospital, etc.	....	....	....	....	22
Number of special visits	....	....	....	....	296
Aggregate number of visits	....	....	....	....	<u>6,184</u>

## REGISTER OF BLIND PERSONS.

Number of blind persons on Register—1st January, 1949	....	605
Names added to Register :—		
New Cases	....	123
Transfers In	....	21
		<u>144</u>
		749
Names removed from Register :—		
Deaths	....	69
De-certified	....	2
Transfers Out	....	21
		<u>92</u>
Number on Register, 31st December	....	<u>657</u>

